2411 N. Charles St., Baltimore

### CEDTIFICATE OF DEATH

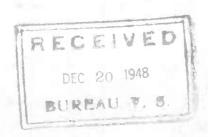
CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Ternals while Thanse 6.  6.(b) Name of husband or wife. Secret a. Curthony  6.(c) If allive, give age 7.3 years  7. Birth date of deceased (mo., day, yr.) 3-29-1874  8. AGE: Years Months Days II less than one day  74 73 89 89 89 89 89 89 89 89 89 89 89 89 89	MEDICAL CERTIFICATION  20. OATE OF OEATH. Decomber 17, 19 78, at 5 A. III  21. I CERTIFY that death occurred on the date above stated; that I attended decoased from Decomber 18 6 10 8 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18
11. Industry or business    12. Name	Other conditions
Location  18. Funeral director S. A. Wines Co.  Address 290/-144 Ch., 2. w Washington, 9, 2.  19. 12-17  (Date rec'd by registrar)  Registrar	Injured at home, farm, Industry, Bubic place (where?)  Misens of Injury  Injured at work?  23. SIGNATURE — M. D. or other  Address / 50-Conn. Qu. Bate eigned /2-17-48

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly,

PLAINLY, V

PLEASE WRITE

MARGIN RESERVED FOR BINDING



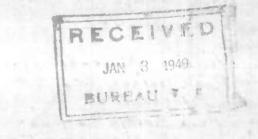
8300

PHYSICIAN Please underline the cause to which death should be charged statisticatly.

(State)

CERTIFICA	IE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OI (For newborn infants give residence	e of mother)
City or town (If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:	City or town (If outside city or town limit	Park Mar Ward No. s, write RURAL NEAR and give town)
Stay in hospital or inst. (yrs., or mos., or days)	Street No. 108 Ce	dar Ave
Stay in this community (yrs., or mos., or days)	2(c) IF VETERAN, NAME WAR	
3. (a) FULL NAME  NANNIE ELIZABETH ARM	ENTROUT	3. (b) Social Security Number
4. Sex  5. Color or race  6.(a) Single. married, widowed, or divorced  Wigowed		CERTIFICATION 48
8 (b) Name of husband or wife - Edwin-R. Armentrort	21. I CERTIFY that death occurred on the date	above stated: that I attended deceased tro
7. Birth dale of deceased (mo., day, yr.) Quae 29, 1860	and that I last saw hotative on	
B. AGE: Years Months Days If less than one day		oflexy 4
9. Birthplace Rock Bridge Co., Va. (Town, county, and state)	Due to Angesteria	ran, arterial c
10. Usual occupation — Housewife  11. Industry or business	Oue to Proprio se	lesons C
12. Name William Alexander full 13. Birthplace Roak Bridge Co. Va	Other conditions	
14. Maiden name Margaret Luck  15. Birthplace Rock Bridge Co., Va.	(Include pregnancy with Major findings:	in 8 months of death)
16. Informant Russell Armentrout - Son	o) operations	the dear
Address 108 - CedarAve, Takome Ph. A	Of autopsy	CS1
11. Burial Date thereof MM - 1 Tg 49	22. VIOLENCE: tf death was due to externa Accident, suicide, or homicide	
Cemetery or crematory Thornton brust brust	Where did injury occur? (City or to	
18. Funeral director Adarcy h Sty &	tejured at home, farm, industry, public pla	njured at work?
Address Loog of At NW washington to	23. SIGNATURE	releas M.
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address 2200 - (9	Bate signed (2
	Wash.	0.0.

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Designation of the same

Property Substitutes No. 2004

# UNITED ING INK. Supply every item of information carefult. In the Physicians: please write the causes of death clearly and legib MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAI

(Date rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartea St., Battimore

460

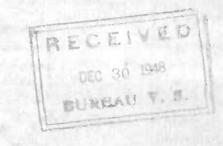
12613

### CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DE		11/7		2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
	ntgomery Bethesda			State Maryland   County Montgomery		
(1f	outside city or town l		RURAL and give nearest town)	Cily or town Bethesda (If outside city or town limits, write RURAL and give nearest t		
How long in above place Hospital, Institution, or	e of death?r street address where	death occurre	n.L.ns			
			ane, Bethesda,	Streef No. 4816 Niddlesex Lane		
	or Institution?		14(	2.(a) If veteran name war	ar //1	****************
3. (a) FULL NAM	HORACE I	POWERS	BANNON		3. (b) Social Security I	Number
4. Sex	5. Color or race	6.(a) Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Married	2D. DATE OF DEATH. December		4:20
			ice Bannon	21. I CERTIFY that death occurred on the date about 45 19	ve stated; that I attended decea	sed from
	Α	6.(	(c) If alive, give ageyear	and that I last saw h deed alive on 12/	28/48	19
8. AGE: Year		1 Days	1889	Immediate cause of death		DURATION
5 9 5		1.8	hrsmin	Drawless		4
		1	atate)	Due to Carenona of	seplages	14.
			Business Specia	ist		
11 Industry or busines	For	Govern	nment	Due to		
- 4 4			s Bannon	Diher conditions Comenque	gregeración	
13. Birthplace	Con	nn.		(3) represent	re dear ouse	e of
H 14. Maiden name	Emma Po	owers.		(include pregnancy within 3 m		1.333
14. Maiden name.	At:	lanta	. Ga.	Msjar findings af aperatiaas	Date of on	···········
			nnon	Antapsy results		
			k Lane, Bethesda	PHYSICIAN, Place and ording the coors to wh		statistically.
D11993 07	o, or removal. Which?		eof Dec. 31,1948 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide		
			. Cemetery	Where did Injury occur?(City or town)	(County)	(State)
	ington, V			Injured at home, farm, Industry, public place (wh		
List.	1 Sautien	Frem	Shew Francis 1 to	-Means of Injury	injured at work?	
Address Beth	nesda, Md			23 SIGNATURE Beere	Hald So	1.2.
,				7.5 SIDBALLER	Market	A

W. E. gones



2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

/	Reg. Dist. No.
1. PLACE OF DEATH: County lontgomery	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town. Bethesda (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 907 Goldsbora Rd  How long in hospital or institution?	State Laryland County Montgomery  City or town Bethesda  (If outside city or town limits, write RURAL and give nearest town)  Street No. 907 Goldshora Rd.  (If rural, give LOCATION)  2.(a) If veteran, name war. No.
3. (a) FULL NAME	3. (b) Social Security Number None
4 Sex   5, Columbrace   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH LAST 3 19% & of ? P
6.(b) Nama of husband or wife Ruth Story Barron  6.(c) If alive, give age 43 years	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
7. Birth date of deceased (mo., day, yr.) Nov. 16th 1900	and that I fast saw h
8. AGE: Years Months Days It less than ona day  4.8 0 17	Gephy zain
9. Birthplace Baltimore Chio (Town, county, and state)  10. Usual occupation Radio Eng. Own Business  11. Industry or business	Due to Monatala Jan.  Due to Suicide)
John H. Barron, Br.  12. Name John H. Barron, Br.  13. Birthplace Naryland	Dther conditions
14. Maiden nameAnna Browning	(Include pregnancy within 3 months of death)  Major findings of operations
\$ 15. Birthplace Maryland	.Date of op
16. Informant Ruth. Story Barron  Address 907 Goldsboro Rd., Bethesda, Md.  17 Cremation  (Burial, cremation, or removal. Which?)  Cemetery or crematory Cedar. Hill	Actopsy resolts.  PHYSICIAN: Please ooderline the cause to which death shoold be charged statistically.  22. VIOLENCE: if death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Whera did injury occur?  (City or town)  (County)  (State)
Location Washington, D.C.	Injured at home, farm, industry, public place (where?)
Address 7557 Wisconsin Ave., Betnesda	23. SIGNATURE Sand Prof. Brownhart M. J.
19. 12-4 19 45 DE Joseph Registrar	M. D. or other

MARGIN RESERVED FOR BINDING

WRITE

PLEASE

(Date rec'd by registrar)

DEC 7 1948
BUREAU V. S.

# PERASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefung

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: Montgomery				2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Bethesda (rural)  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 months, 1 day  Hospital, institution, or street address where death occurred:  US Naval Hospital, Bethesda, Md.  How long in hospital or institution? 2 months, 1 day			ths, 1 day hesda, Md.			
3. (a) FULL NAME		BARTI	ETT, Mabel Rainey		3. (b) Social Security 1	Number
4. Ser female	5. Color or race		e, married, widowed, or divorced divorced	MEDICAL CE 20. Date of Death. 20 December	ertification er 19 48	at 8:30 A
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years	F	6.(4	thalive, give age	21. I CERTIFY that death occurred on the date about 19 October 19.  and that f last saw h. Er. alive on	48 . 20 December	mber, 48
1t. todustry or business	unemp	loyed	itate	Bue to		
14. Malden name 15. Birthplace 16. Informant Sist	er: Mrs.	, Frances		Major findings of aperations	than Bate of op. (d above	Jan: 48
to buria  (Buriol, cremation, of Cemetery or crematory  Location	l Por removal, Which? Roc Washin Reuben F	bk Creek gton, umphre	12-23-48 (month) (doy) (year)  K  D. C.  M. A. J. A. Colley  Bethesda, Md.	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	(County) here?)	(State)
		man	C. Catterson C. Patterson	USNH Bethesda, Md		or other L2-20-48



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The correct age legibly.

MARYIA	ND STATE	DEPARTMENT	OF HEALT

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Dia No 223

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:  County Martines  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 4 years  Hospital, institution, or street address when death occurred:  206 Hosely Corner  How long in hospital or institution?  3.(a) FULL NAME  MISS MARY HOWARD BAYLY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Single	MEDICAL CERTIFICATION  20. DATE DF DEATH 200 4 19.45 21.11 20 A.
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4.8.  19. 4.8.  Immediate cause of death. Occurred on the date above stated; that I attended deceased from  19. 4.8.  Immediate cause of death. Occurred on the date above stated; that I attended deceased from  19. 4.8.  DURATION  1.2.  1.2.  1.3.  1.3.  1.4.  1.5.  1.5.  1.6.  1.7.
9. Birthplace	Due to
12. Name Charles B. Bayly 13. Birthplace Washington, D. C.  14. Maiden name Many Howard  15. Birthplace Washington, D. C	Other conditions.  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Informant Mrs. Slad B. De With  Address 3920 Ontario Rd. New Washington, DC  17. Burial Bate thereof Mrs. 6, 1948  (Burial, cremation, or removal, Which?)  Bate thereof (month) (duy) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Rock Creek Ch. Rd. 7 Webster Sto. Ker.  18. Funeral director. J. arthur Walter  Address 254 Carroll St Kerry Jak. Park. D.C.	(City or town) (County) (State)  Injured at home, tarm, Industry, public place (where?)
19. Dec 4- 1948 / Mohan Dotted (Date rec'd by registrar)  Registrar	Address Washing 2 Comitain Works Signed Doc 4179



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dlat. No. 2

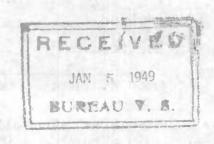
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For rewhern infants give residence of mother)		
City or town Rockville (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  5 yrs.	Stat Maryland Couoty Montgomery  City or town Rockville  (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street NoRt. 240 (If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) if veleran, name warNo		
3. (a) FULL NAME HENRY THOMAS BEAN	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	None MEDICAL CERTIFICATION		
Male White Widoved	20. DATE OF DEATH. Dec 29 19.48 at 10;30 Am		
6.(b) Name of husband or wife Georgeanna Bean (Dec)	21. I CERNIFY that death occurred on the date above stated; that I allended deceased from		
7. Birth dalo of	and that I last saw halive on		
deceased (mo., day, yr.) Sept. 25th 1868  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
80 3 4min.	Chronic Salvanlas heart devery 1 /2.		
9. Birthplace	Due to.		
10. Usual occupation Retired	Busto.		
11 Industry or business	000 10		
James W. Bean  12. Namo James W. Bean  Maryland	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Margaret Mitchell Bean  15. Birthplace Washington, D.C.	(Include pregnancy within 3 months of death)  Major fiedings of operations		
	Date of op		
16 Informant Mrs. Margaret Elliott Address 137 Broadway, Hagerstown, Md	Autopsy results		
Burial Dale Ihereof 12/31/48 (month) (day) (year)	22 VIOLENCE, if dooth was due to external causes, fill in the following:		
Cemetery or crematory Rose Hill Cemetery	Where did injury occur? (City or town) (County) (State)		
Location Hagerstown Md.			
18 Funeral Sector Sluben Bumphrey Puneral Home			
Address 7557 Wisconsin Ave., Bethesda			
19, / 2 - 3 / 19 4 8 7 Plougestrar) (Date ree'd by registrar) (Registrar)	el 79 0 10 0 M. D. or other		

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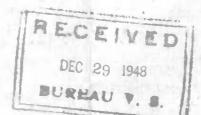
correct age

PLEASE

d. D. or other



2. USUAL RESIDENCE (HOME) O	OF DECEASED:	
StateCo	uety	
City or townWashingtonD. (If outside city or town limit	C.s. write RURAL and give nearest	town)
Street No. 1112 - 16th St.,		
2.(a) If veteran, name war		
	3. (b) Social Security Num	mber
and the second		
MEDICAL C	ERTIFICATION	
20. DATE OF DEATH. Dec. 27	19.48 , 1	11:47
21. I CERTIFY that death occurred on the date ab		
Dec 19 19		
and that I last saw h	2. 27	19.44
Impediate cause of death		DURATIO
Immediate cause of death	opes	
Due 10. acrite mysers	1.15	************
Due 10		
Due to Semily		******
Due fo.		
Other conditions		
(Include pregnancy within 3	months of douth)	
Major findings of operations. 7		
***************************************	Date of op	
Autopsy results	which death should he charged stat	istically.
22 VIOLENCE, if death was due to external ex	uses filt in the following:	



correct age

1. PLACE OF DEATH:

City or town

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

460

19619

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State

County

City or town.

(If outside city or town limits, write RURAL applgive gearest town)

3. (b) Social Security Number

Street No. 705 Steenw

2.(a) If veteran, name war ......

	or street address where		
***************************************			
How long in hospita	or Institution?		***************************************
3. (a) FULL NA	ME M	IRTH	H BERNS
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced
F	W	2	Parried
6.(b) Name of husba  T. Birth date of deceased (mo., da	9/2	111 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1	e) It alive, give ageyear
	ears   Months	Days	If less than one day
55			hrsmin
13. Birthplace	ness Morris S	-	EIGER
14. Maiden nai	me VETTA	LEVE!	v Th A L
16. Informant	Hathan J.		
Address 5	24 - 2nd	Still.	(W west, 40. C.
(Burlal, cremat	(Idaa	1/	eof. (N/6/48 (month) (day) (year)
Location	Horne	ngton	· N6.
18. Funeral directo	04	y tun	Wash, Do Con

EIN			1	
	MEDICAL O	ERTIFICATI	ION	
20. DATE DF DEATH	Decembe	× 24,	19 48 at 1	0 -A
21. I CERTIFY that de	ath occurred oo the date a	bove stated; that I att	ended deceased fro	im
	219			
and that I last saw h		ec. 23	<b>y</b>	18 4.
Immediate cause of C	ichexia (	MALNUTR	TION) 10	DURATION .
Due to Carc	inoma o	f the re	etum 2	year
Due to				
Dther conditions				0.2 = 0.0 + 0
(Inc	lude pregnancy within	months of death)		
Mater Calling of an				

PHYSICIAN: Please underline the cause to which death abould he charged statistically.

Address 249 MISSOURI AVE NW Date signed 12/24

injured at work?

22. VIOLENCE: If death was due to external causes, till in the following:

Injured at home, farm, industry, public place (where?) ........

(City or town)

Accident, suicide, or homicide.....

Where did injury occur? ......

Msans of injury

Registrar

9-43-15

VS A15

(Data rec'd by registrar)



DEC 28 1948

BUREAU V. S.

### CERTIFICATE OF DEATH

Pag Diet No. 215

		CERTIFICA	IE OF DEATH Reg. Dist. No	<u> </u>
1. PLACE OF DEATH:	Montgomery		2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infents give residence of mother)	
City or town			State D.C. County	
Hospital, Institution, or street ad	Naval Hos	oital, Bethesda, Mo	Street No. 1718 34th St., N. W. (Ifrural, give LOCATION)	
How long in hospital or institution  3. (a) FULL NAME	n?	J ways	2.(a) It veleran, name war	
3. (a) FULL NAME	BLATCHER	A, Arthur Clarence	3. (b) Social Security	Number
4. Sex 5. Color	or race 6.(a)Si	ngie, married, widowed, or divorced	MEDICAL CERTIFICATION	
male W	-US	married	20. DATE OF DEATH	.at 1:06 A
6.(b) Name of husband or wife		th A. Blatcher	21. I CERTIFY that death occurred on the date above stated: that I attended dece	
7. Birth date of deceased (mo., day, yr.)	July 5, 1		and that f last saw halive on	
	nths Days	tt less than one day	Immediate cause of death liver, aliques	DURATION
9. BirthplaceMaryla  10. Usual occupation	Dep. Marsh D.C. Po	nal plice Court	Due to	
12. Name BLATCH 13. Birthplace		Eng.		
	CKETT, Clar	ea dec. Eng.	(Include pregnancy within 3 months of death)  Major fiediogs of operations	
		th A. Blatcher	Actopsy results	statistically.
17. burial (Burial, cremotion, or remo	val. Which?)  Arlingtor	recot 12-10-18 (month) (doy) (year)	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide	(State)
Location Arling		. 1910	Injured at home, farm, Industry, public place (ymere?)	7
		mrtsingo	Mashs of injury Williams of injured a working	,
	100	any C. Callerson	23. SIGNATURE Wm. A. DINSMORE, Jr., L	on other
(Date ree'd by registrar)	.1940 Мах	y C. Patterson Registrat	Address USNH Bethesda, Md. Date signed.	12-8-48

WITH UNFADING INK. Supply every item of information care important. Physicians: please write the causes of death clearly

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MARGIN

VS A15 9.45-19

PLEASE WRITE PLAINLY, is especially

DEC 9 1948

/2-20-48 (month) (day) (year)

2411 N. Charles St., Baltimore

<b>CERTIFI</b>	CATE	OF	DEA	TH

Reg. Diat. No ...

age.		/.			2411 N. (
M to		/ .			CERTIFIC
he correct	bly.	1. PLACE OF DEA	ATH: Montgomer	y	
	2	City or town(1f o	utside city or town l		URAL and give nearest town)
VED FOR BINDING	write the causes of death clearly and	How tong In above place Hospitat, Institution, or US Nava	street address where l Hospital	dealh occurred	esda, Md.
ion	[]			····	month, 2 days
orma	death	3. (a) FULL NAMI	BU	JLMER,	Anita Poer
i	of	4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced
DING	nses	female	W-US		widowed
BINDING rv item of	the c	6.(b) Name of husband	or wife		N. 6
FOR	rite	7. Birth dale of deceased (mo., day, y	<sub>r.)</sub> Sept		16, 1883
/ED	please w	8. AGE: Years	Months 3	Days	If less than one dayhrs.
RESER	Physicians: ple	9. Birthplace			
MARGIN	t. Phy	11. Industry or business  12. NameP.O	OR, Charle	es Hall	dec.
	mportan				elia dec.
	ially	16. Informant neph			L. Poor iami, Florida
PLATA	is especia	17buri	al , or removal, Which	Dale there	(month) (day) (year
9-45-15 VRITTE		Cemetery or cremato	, Arling		tional (
0 7		18 Funeral director	Joseph G	awler	eseph Dawler
A15		_Address 1756	Penn.Av	O, NW, V	ashington, D.
VS		19		Mary	C. Patterson

(For pewhorn infants give residence of mother)	
State Md. County A.A.	***************************************
City or town	st town)
Streel No. (If rural, give LOCATION)	
2.(a) It veteran, name war	/
3. (b) Social Security N	umber
MEDICAL CERTIFICATION	4 (T. )
20. DATE OF DEATH. 17 December 1848	, 10:18A
21. I CERTIFY that death occurred on the dale above stated; that I attended decease 15 November 19 18 10 17 December	per 19 18
Impediate cause of death  Christian liable	DURATION >
Due to Pyone plusoris & lateral	
Due to Pycreplisti Bi laterel	***************************************
Diher conditions	200000000000000000000000000000000000000
(Include pregnancy within 3 months of death)  Major findings of operations In appear to word Coll	
Ca. Bladde Frade I Dale of op. 1.0/	15/48
Autopsy results Confirmed above	O/Y.
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, sulcide, or homicide	
(610)	(State)
Injured at home, farm, Industry, public blace (where?)	
Mans of Injury thjured at work?	

Address USNH Bethesda, Md. Date signed 12-18-48

2 HIGHAL DECIDENCE (HOME) OF DECEASED.



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Montgomery City or town Bethesda, Rural, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealth?  Hospital, institution, or street address where death occurred:  U.S. Naval Hospital  How long in hospital or institution?  7. mo. 6. days	(For newborn infants give residence of mother)  Slate Maryland Couoly Montgonery  City or town Silver Spring (If outside city or town limits, write RURAL and give hearest town)  Street No. Rural Route #1  (If rural, give LOCATION)  2.(a) If veteran name war. Army W. W. 2
3.(a) FULL NAME BURRISS, Hazel Joseph	3. (b) Social Security Number
4. Sex Male   5. Color or race   6.(a) Single, married, widowed, or divorced   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH. 30 December 19.48 21.5504
6.(b) Name of husband or wife	and that I last saw h 1 m alive on 30 December 1948
8. AGE: Years Months Days If less than one day 39 3 27hrsmin.	Immediate cause of death DURATIDI
9. Birthplace Maryland (Town, county, and state)  10. Usual occupation Framer	Due to Brain Tumor) Glioblastorna Multiforme 12 W
11. Industry or business OWN  12. Name Hamilton Burriss  13. Birthplace Maryland	Dither conditions
14. Maiden name Laura Frances Burriss 15. 6irthplace Maryland	(Include pregnancy within 3 months of death)  Major findings of operations
Address Route #1 Silver Spring, MD.  Burial Date thereof 1-3-49  (Burial, cremation, or removal, Which?)  Cemetery or crematory. Arlington National	Autopsy resolts  PHYSICIAN: Please woderline the caose to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Arlington Virginia  Robert Pumphrey Kellest a Champhre  18. Funeral director Ratifica Pumphrey Kellest a Champhre  Address 7557 Wisconsin Ave Bethesda, MD  19. 12-30-48  (Date ree'd by registrar)  19. Mary a Patterson Registrar	Injured at home, farmy industry, public place (where?)  Means of Injury  Means of Injury  Thiured at work?  J.C. MCNERNEY CDR MC USN  23. SIGNATURE  TO SERVE THE SERVE TO SERVE THE SERVE

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2411 N. Charles St., Baltimore

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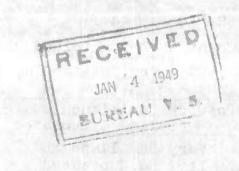
### CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powborn infants give residence of mother)		
county Montgomery City or town Bethesda, Rural, Maryland	state Maryland county		
(If outside city or town limits, write RURAL and give nearest town)	Drantwood		
How long in above place of death? 2 mo 8 days	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 3908 38th Street		
U S Naval Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 2 mo 8 days	2.(a) It veteran, name war. Army W. W. 1		
3.(a) FULL NAME CAHILLANE, Michael Joseph	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married			
	20. Date of Death 29 December 19 48 31 910 Pm		
S.(b) Name of husband or wife Katherine Mary Cahillane	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	22 October 148 .39 December: 48		
7. Birth date of	and that I last saw h im alive on 29 December 15.48		
deceased (mo., day, yr.) 12-26-1886  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
62 0 4 hrs. min.	Brukagen Collinson		
	V		
9. Birthplace County Carey, Ireland (Town, county, and state)	Due to		
10. Usual occupation Govt Gaurd, Smithsonian Inst.			
11. Industry or business U S Govt	Due to		
	Other conditions arturn schooling / Heart		
F Decement			
	(Include pregnancy within 8 months of death)		
14. Maiden name Mary Cahillane 15. Birthplace Ireland Deceased	Major findiogs of operations		
15. Birthplace Ireland Deceased			
16. Informant Wife: Katherine Mary Cahillan	Autopsy resolts		
Address 3908 38th St Brentwood MD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: tt death was due to external causes, till in the following:		
17. Burial Date thereof Gan. 3. 1949 (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or crematory Calvary Cemetery	Where did lajury occur?		
Location Holyoke, Massa	Injured at home, farm, industry, public place (where?)		
18. Funeral director. Timothy Hanlon J. E. J.	Means of Injury Injured at work?		
Address 641 H Street NE Wash.D.C.	D.C.171111111		
Address 041 A Soloto NE Washing. C. Patters	23. SIGNATURE D.E.BILLMAN LTJG MC M. D. or other		
19. 12-30-48  (Date rec'd by registrar)  (Date rec'd by registrar)	Address U S Naval Hospital Bato signed 12-30-48		

JUNFADING INK. Supply every item of information carefully trant. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, is especially

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12 24 STEEL STATE TO A RELEASE TO A RELEASE

UNFADING INK. Supply every item of information carefuld ant. Physicians: please write the causes of death clearly and

WRITE PLAINLY, WITH UNF is especially important.

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			CERTIFICA	Reg. Diat. No	415
City or town(1f o How long in above place Hospital, Institution, or US Naval	bethese utside city or town live of death? 1 street address where the Hospital institution? 1	da (rumita, write la month death occurre month month	esda, Md.	Streel No. 1679 35th St. No. Wa.  (If routed cety or town limits, write RURAL and give ne	areat town)
	CAN	, Sam	uel Adams		
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	W-US		divorced	20. DATE OF DEATH 16 December 19 48.	1 11:L5A
5, (b) Name of husband or wife			c) If alive, give ageyo	21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from 19
deceased (mo., day, y		30,		Immediate cause of death	DURATION
8. AGE: Years		0ays 16	if less than one day		****
11. Industry or business	Lawy	zer	dec.	Due to.  Due to.  Due to.  Diter conditions A retries clerocus Obliteraus	4
14. Maiden name ADAMS, Lavanie dec.			Ga.	performed for asteriorelemis of literate of 16	Sec 1948
			Savannah, Ga. (Ta-1)-48 (month) (day) (year)	PHYSICIAN: Please moderline the cause to which death should be charged  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
			ri.a		
			······	Manne of Injury	
Address 307	2 M St.,	N.W.,		TICHTI Dothdo Md	MC USN



2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Dist. No. 216

... Date signed / 2/1-4

	CERTIFICAT	E OF DEATH Reg. Dist. No.
	County JON TO OMERY  City or town Chery Considerate County JON TO OMERY  City or town Limits, write RURAL and give nearest town)  Row long in above place of death?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State MARYIAND County MONTGOMERY  City or town Chevy Chase, Maryland  (If outside city or town limits, write KURAL, and give nearest town)  Street No. 6508 MEADOW LANE  (If rural, give LOCATION)
	How long In hospital or institution?	2.(a) 11 veteran, name war.
	3. (a) FULL NAME  C1: FFORD P. CHRDENTE	3. (b) Social Security Number
1	4. Sex 5. Color or race 6.(a) Single, married, widowed, or givorced	MEDICAL CERTIFICATION
	MALE WhITE MARRIED	20. DATE DE OEATH December 1 1949, 213.059
	6.(b) Name of wife SARA JOINE H. CARPENTER  Nov 16, 1883 6.(c) It alive, give age years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  1.5 hrs. min.	21. I CERTIFY that death occurred on the date above stated: that I stiended decessed from  Nov. 30 19.48 to 028 / 19.48  and that I fast saw hamaive on 19.48  Immediate cause of death  Colomary Thrombons / 8 torus
	9. Birthplace	Due 10. Osterio selevores abour 1 que a
	12. Name DK, JOHN EVANS CARPENTER	Dither conditions
9	13. Birthplace Chib  14. Maiden name RACHE J. Johnston  15. Birthplace PFNNSY/VANIA	(Include pregnancy within 3 months of death)  Major findings of operations
	16. Informant MRS, SARA JANE H. CARPENTER	
	Address 6508 NEADOW LANE, CALASE, 15  17 (Burlial, cremation, or removal. Which?)  Cemetery or crematory Cake. Hell Cemetery  Cemetery or crematory  Cemetery or crematory  Cemetery  Ceme	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
	Location Washington DCD	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
	Address 1756 NENNA AVE, NW, WASh, D	23 SIGNATUR MESN F. Saffrington 4.7

Registrar Address/103-16 hVV

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medical Examiner notified and will approve. Emerit & oppnington w.V.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

# OF DEATH

Reg. Diat. No. ...

3. (b) Social Security Number

110.	1 10 JA	N 25	1949 CERTIFICA	ATE	OF DEATH Reg. D
1. PLACE OF DEATH:  Montgomery  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  3. days  Hospital, Institution, or street address where death occurred:  US Naval Hospital, Bethesda, Md.  How long in hospital or institution?  3. days			Sta Cit	USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)  ate	
3. (a) FULL NAM	E				3. (b) Soci
CAI	RPENTER,	Willi	am Hubbard		
4. Sea	5. Color or race	6.(a)Single	e, married, widowed, or divorced		MEDICAL CERTIFICA
male	W-US		married	20	DATE OF DEATH 4 December
6.(b) Name of husband 7. Birth date of deceased (mo., day.	or wile		Carpenter c) If alive, give agey 1904	years	i. I CERTIFY that death occurred on the date above stated: that it is become the property of t
8. AGE: Year		Days	If less than one day		Cerebral and Cardiac
1	14 10	5	hrs	. min.	
10. Usuat occupation. 11. Industry or busines		*************	•••••	Du	Pneumothorax, Left Fracture, Left 10th
置 12. NameCA	ARPENTER, W	illian	ı dec.	Dt	her conditions Atelectasis, Comple
13. Birthplace		ew Yor			Emphysema, right ] (Include pregnancy within 3 months of death
14. Malden name HUBBARD, Christine N.Y.				sjor findings of operations	
16. Informant Wife	e: Mrs. Jos	ephine	Carpenter	A	atopsy resolts. confirmed above
17. buri. (Burial, cremation Cemetery or cremat Location	wall which?)  Arlingt  W.W.CHAM  O Chapin	shingt Date ther gton N on, Vi BERS St.N.	FUNERAL HOME W. Wash.D.C	Ac Wi	HYSICIAN: Please ooderline the cause to which death should be to external causes, fill in the fooderly suicide, or homicide. And the fooderly suicide, or homicide. Consider the suicide of t
19	191918	. Mary	C. Catterson,	istrar A	ddress US NH Bethesda, Md.

State	D. C.	County		
City or town	Was	hington		
			Calif.St.	
/	(If rure	, give LOCATI	(N)	/
2.(a) If veterah mame	war\)	WII		Y

## MEDICAL CERTIFICATION

D. DATE DE DEATH. 4 December	19.48 1:20 Pm
21. I CERTIFY that death occurred on the date above stated: that I a  22. December 1 19 148 16 16 16 16 16 16 16 16 16 16 16 16 16	December 19 48
and that I last saw h im alive on la Decmeb	
mmediate cause of death Air Emboli. Cerebral and Cardiac	Instant
we to Pneumothorax, Left	)6 days
we Fracture, Left 10th R	
other conditions Atelectasis, Complete Emphysema, right lu (Include pregnoncy within 8 months of death)	te left lung.
Major findings of operations.	of op
Autopsy resolts confirmed above	

WRITE PLEASE is especially

information carefull of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

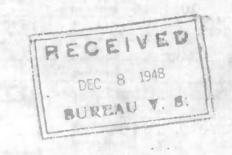
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SIGNATURE .... M. D. or other

/IOLENCE: if death was due to-external causes, fill in the following:

... Date signed 12-4-48

(County)



This per count reported

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sespecially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

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CERTIFICAT	Reg. Diat, No.	*****
1. PLACE OF DEATH:  County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)	
City or town Bethesda, Maryland. (If outside city or town limits, wile RURAL and give nearest town)	City or town District of Columbia  (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?  Nospital, Institution, or street address where death occurred:  Suburban Hospital  How long in hospital or institution?  One Months	Street No. 59 14 16 74 ST., N. W.  (If rural, give LOCATION)  2.(a) If veteran, name war.	<i></i>
3. (a) FULL NAME Cassel Mr. Roy L	3. (b) Social Security Number	
4. Sex 5. objor or race 6. (a) single, married, widowed, or divorced  Male White Single	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  19.88 at 10.10	b.
\$,(b) Hame of hueband or wife	21. I CERTIFY that death occurred on the date above etyted: that I attended deceased from	48
7. Birth date of deceased (mo., day, yr.) Nov., 9, 1893	and that I last eaw h live on 19.  James of death DURAT	TION
8. AGE: Yeare Months Daye If leee than one day  55 was / mo // dahrsmin.	Chique Cardis-Vagante	<i>a</i> .
8. Sirthplace Seattle Wash - (Towns county, and atate)	Due to.	
10. Ueval occupation Real estate Broker	Due to.	**********
11. Industry or busineee  12. Name Elmer T. Casse  13. Birthplace	Dther conditions	
14. Maiden name Vinnie M. hatimer  15. Birthpiece Galeburg, Ill-	(Include pregnancy within 3 months of death)  Major findings of operations	
18. Informant R. D. Evans 1 (friend)	Autopsy results	0.00 × 0.00 0 0.00 × × 0
Addrees  17	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cometery or crematory Cremation for CO  Location Color Hell Fr. 1810. CO	Where did injury occur? (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)	,,
18. Funeral director / contemans frances / and	Meane of Injury Injured at work?	5
19. 12 - 2 ( 19 # 8 WE Jobes Registrar)	23. SIGNATURE MACH Self Ma. D. or other  Address Setherla, Jul Bay signed 12/20	188.



(Date rec'd by registrar)

Reg. Dist. No.

y or town	bladeusburgh
(If rural, giv	LOCATION)
a) If veteran, name war	
strut	3. (b) Social Security Number
	ERTIFICATION 22 8 1946 at 3130A
I CERTIFY thal death occurred on the date ab	46 , 10 Dec 8 1948
d that last saw h. A. alive on	lec. 7 1948
mediate cause of death	Neart 10 men
10 Coronary Ilu	
10 generalzed an	leis aclum 6 yrs
er conditions	
(Include pregnancy within 3	months of death)

22. VIOLENCE: if death was due to external causes, till in the following:

(County) (State)

Injured st work?

M. D. or other

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ADING INK. Supply every item of Physicians: please write the causes

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#### 2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

/	7		
1. PLACE OF DEATH:  County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
- 0 , 6/	state Maryland county Montgomery		
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town German Landon (If outside city or town limits, write RURAL and give nearest town)		
How long in above piece of deeth?			
The Montgomery County General Hospital Inc.	Street No. R # (If rural, give LOCATION)		
How long in hospital or institution? 45 minutes	2.(a) It veteren, neme war		
3.(a) FULL NAME Kenneth Lee Childs	3. (b) Social Security Number		
4. Sex   5. Color or rece   B.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION		
Male white Single	20. DATE OF DEATH. 17/6/48 19 21 19		
S.(b) Neme of husbend or wite	21. I CERTIFY that death occurred on the dete above steted; that I atlended discoeeed from		
A (A M. M	12 noon 12/6/ 1848 10/2 45 Pm 18/9 4		
7. Birth dale of 9 1 18 1945	and that I last saw h. Amazalivs on		
decessed (mo., day, yr.)  8. AGE: Yeere   Months   Deye   If lees than one day	Immediate cause of death OURATION		
3 7 18hremin.	meningacoccus septicemiz		
9. Birthplace OlNEY Montgomery Maryland (Town, country, and atate)	Due to adrena) hemornhage		
	5hock.		
10. Usual occupetion	Oue to		
11. Industry or businese			
12. Name Fielder Bowie Childs 13. Birthplace baytonsulle Maryland	Other conditions		
2 13. Birtholace Laytonsville Maryland	(Include pregnancy within 3 months of death)		
14. Maiden name Elsie Gladys Whetzel  15. Birthplace Manassas, Uirginia  16. Informent Hospital Recards	Major fiodioss ol aperations		
2 15. Birthplace Manassas, Urginia	Dele of op.		
16 informent HOSpitAl PECARDS	Autopsy results		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
D 0 H. V 1948	22. VIOLENCE: It death wee due to externel causes, till in the tollowing;		
(Buriai, cremation, or removal, Which?) (month) (day) (year)	Accident, eulcide, or homicide		
Cemetery or cromatory Roflandrille M.D.	Where did injury occur?		
Location Mondermes Comb	Injured at home, ferm, Industry, public piece (where?)		
18. Funeral director 200 M. Barler	Meene of injury injured e1 work?		
OPATE IN MEN	ha-2 1		
Addres & dyllonsvalle. Ill.	23. SIGNATURE M. D. or other		
19. 12 + 8 Serbride B Lawle (Date red by registrar)  Registrar	Address Sandy Spring, Md. Date signed 12/6/48		
(Date rec'd by registrar) Registrar	11 Address		

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(Date rec'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

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Reg. Diat. No .. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County I'M D LL (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?......... Hospital, institution, or street address whera death occurred: (If rural, give LOCATION) 2.(a) Il veleran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number Conavo MEDICAL CERTIFICATION 4. Sex 20, DATE OF DEATH. Jac. 1. 21. I CERTIFY that death occurred on the data above stated: that I allended deceased from 6.(b) Name of husband or wita ... 7. Birth data of deceased (mo., day, yr.) DURATION Months 8. AGE: (Town, county, and atate) Due lo. 12. Name...... 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide..... (Burial cremation, or removal, Which?) Whera did injury occur? ..... (City or town) Injured at home, farm, Industry, public place (where?) ..... tnjured at work?

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Diet. No. 215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)		
Montgomery Bethesda, Rural, Maryland	Slaie Distt. Columbia out		
(If outside city or town limits, write RURAL and give nearest town)  low long in above place of death? 35 days  lospilal, institution, or street address where death occurred:	City or lown		
U.S.Naval Hospital	(If rural, give LOCATION)		
low long in hospilat or Institution?	2.(a) It veteran, name war WORLD WAR 11		
DAVIS, View McFranklin	3. (b) Social Security Number		
Male   Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH 17 DECEMBOR 1948		
6.(b) Name of husband or wife MARY LOB DAVIS  6.(c) If alive, give age year	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  12. November		
deceased (mo., day, yr.) 4 - 17 - 04	Immediate dause of death Dunation		
8. AGE: Years Months Days It less than one day  44 8 O	Juleslind Obstruction, 40 de		
9. BirthplaceSouth Cardlina (Town, county, and state) 1D. Usuat occupation. Clerk Veterans Administrati	Due to Lectronylous I mor		
11. Industry or business			
12. Name Robert Davis 13. Birthplace South Cardlina deceased	Other conditions		
14. Maiden name Tance Anthony 15. Birthplace South Carolina deceased	(Include pregnancy within 3 months of death)  Major findings of operations. Lukers selous for -  toricles, multiple asker Bate of op.		
16. Informant Wife: Mary Lee Davis 1246 loth St NW, Washington, D.C.	Autopsy results		
Burial Removal Bate thereof Ree 21, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Muldrow Cemetery	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide		
Sumter, South Carolina	Injured at home, (arm, Industry, public place (where?)		
18 Funeral director W. Ernest Jarvis Address 1432 U St NW Washington D.C.	Means of injury Injured at work?		
19. 12-19- 1948 many C. Pattusen Registrar	23. SIGNATURE J.W.FLYNN LTJG MC USN M. D. or other Address. U.S. Naval Hospital Date signed 12-19-4		

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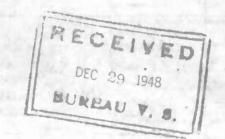
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## MARYLAND STATE DEPARTMENT OF HEALTH

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			2411 N. Char	lea St., Baltimore 7	6de	
1			CERTIFICA	TE OF DEATH	Reg. Dist. No	215
Cily or fown(1f  How long in above place Hospital, Institution, or  US Nava	ontgomery Bethe outside city or town e of death? street address where Hospital	esda (ru limite, write Ri days death occurred: Bethe	ral)  RAL and give nearest town)  Sda, Md.	City or town. Be thes (If outside city or tow  Street No. 4505 Gladwy	ence of mother)  County	arest town)
	DE	EAN, Edi			3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICA	AL CERTIFICATION	
female	W-US		married	20. DATE OF DEATH	ember 19 48	
7. Birth date of			Dean, Lt. MSC US If alive, give age years 12, 1892	and that I last saw h er alive on	19 48 to 27 Decem 27 December	iber 19.48
deceased (mo., day. 8. AGE: Year 56	s   Months	0ays 15	tf less than one day	Immediate cause of death May . C.	archal Anjarchain	DURATION 168
9. BirthplacePennsylvania (Town, county, and state) housewife			nate)	Que to. Hy pertarrie	C.V. Diceace	
IU. USUAT OCCUPATION.				Que to A Zoleme		104.
12. Name. HEBDEN, George ded.				Other conditions Perican	ينتر'	48.
14. Malden name NICHOLS, Rebecca dec.  15. Birthplace England  Fingland				(Include pregnancy w		
16. Informani Husband: Lt. Henry T. Dean MSC USN Address 4505 Gladwyne Dr., Bethesda, Md.				Aotopsy resolts Confi PHYSICIAN: Plesse ooderliee the case	rmed above	• • • • • • • • • • • • • • • • • • • •
17. buri (Burial, cremation	al n, or removal. Which Arl	Date there	of 12-30-48 (month) (del) (year) National	22. VIOLENCE: If death was due to extend Accident, suicide, or homicide	Date of	(State)
Location Arlington, Virginia  18. Funeral director, W. W. Chambers Al. C.			Injured at home, farm, industry, public p Means of injury			
	rgetown, I	mana	L. Palleison	23. SIGNATURE E. M. SPAN		N or other
(Date rec'd by re	egistrar) 19.40	mary.	Registrar	Address USNH Bethesda	Md Date signed	12-28-4

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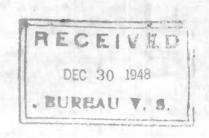
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churles St., Baltimore

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:  (For perhorn infants give residence of mother)  State Maryland County Montgomery		
City or town		
Street No. Woodland Drive		
(If rural, give LOCATION) 2.(a) It veleran, name war		
011-01-2718		
MEDICAL CERTIFICATION		
20. DATE OF DEATH DECEMBER 26 19 48 21 7:40P		
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
" 1 2 1 2 2 10 10 10 10 10 10		
NOVEMBER 25 1948 to December 2619.48  and that I last aaw h E.R. alive on December 26 1948		
Immediate cause ut death		
CARCINOMA OF STOMACH / YR		
Due to.		
Due to		
Other conditions		
(Include pregnancy within 3 months of death)		
(Include pregnancy within 5 months of death)  Major findings of operations. None		
Autopsy results None. Date of op		
PHYSICIAN: Please noderline the cause to which death should be charged statistically.		
22. VIOLENCE: tf death was due to external causes, fill in the following:		
Accident, suicide, or homicide		
Where did Injury occur?		
Managed of week?		
means of injury injured at work?		
23. SIGNATURE SOUNT & So factor, M.D.		
23. SIGNATURE MAST Wast. Huny M. D. or other		
Address 3 1405 d A 14, Md Date algred 12/26/48		



2411 N. Charles St., Baltimore

## CEPTIFICATE OF DEATH

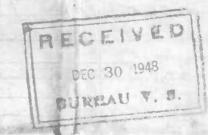
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NG O	DING INK. Supply every item of information carefully. Thysicians: please write the causes of death clearly and leg
ARGIN RESERVED FOR BINDING	HUNFADING INK. Supply every item of information carefully tant. Physicians: please write the causes of death clearly and
MARGIN R	WITH OMFADING I important. Physicial

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•	WRITE PLAINLY, WITH UNFADING INK. Su	is sensoistly important Dhysioisns nloss
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CLRTITICAL	Reg. Diat. No.
1. PLACE OF DEATH:  County  City or town.  Cit outside city or town limits, write RURAL and give nearest town)  How tong in above place of death?  Hospital, Institution, or street address where death occurred:  CT How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County
3.(a) FULL NAME MRS. JESSIE N. C	3. (b) Social Security Number
4. Sex Female 5. Color or race b.(a) Single, married, widowed, or divorced FEMALE White SEPARATED	MEDICAL CERTIFICATION  20. DATE OF DEATH. 12 - 2 7 19 48 at 11 45 mm
B.(b) Name of husband or wife D.R., L.R.N.E.S.T.W	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 65. to 2. 2. 19.65.  and that I last saw h & date attive on
8. AGE: Years Months Days tf less than one day hrs. min.  9. Birthplace A. C. W. J. S. B. J. R. G. T. C. W. J. P. e. M.	Immediate cause of death  Size biol I him brie  ERI Maniflyin 13 Days.  Due to.
10. Usuat occupation	Due to. (2)
11. Industry or business  12. Name DAUD MONT GOMERY NESSIT  13. Birthplace LEWIS BURG FENNA.	Dther conditions
14. Maiden name NANCY T'40R DE  15. Birthplace Pent NA.	(Include pregnancy within 8 months of death)  Major findings of operations
18. Informant MRS. DOROTHY D. BRAWNER Address/07 HIGHLAND DR. KENWARD MAD	Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17. C.R. C. M. A. T. I. N. Date thereof D.C. 29 1948 (mouth) (mouth) (day (year)	22. VIOLENCE: If death was due to externat causes, fill to the following;  Accident, suicide, or homicide
Location SANT BND , ND ,	Where did injury occur?
Address 756 la. Con Nu. Wash.	Fro. Q. Hullman 1. 0
19. 12-29 19 48 M2 Jobes (Date rec'd by registrar)  Registrar	Address // > Sharm Rel. Known he Date signed 12 /2 1/4 x



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore

			CERTIFICAT	E OF DEATH Reg. Dist. No. 215
City or town(17	Montgomer  Bethe  Bethe  outside city or town li  of death?  street address where  US Naval  r Institution?	sda (ru mits, write RU 9 days death occurred: Hospita	RAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For rewhorn infants give residence of mother)  State
	DREIF	US, Hai	ry	
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL CERTIFICATION
male	W-US		single	20. DATE DF DEATH 16 December 19 48 ,2:13 P
6.(b) Name of husband or wife			ttalive, give ageyears	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7 December 148 to 16 December 19 46 and that I last saw h im alive on 16 December 19 46
8. AGE: Year	s   Months	Days 21	if less than one day	Hypertensive Heart Disease 2 yrs
9. Birthplace Virginia (Town, county, and atate)  1D. Usual occupation Guard  tt. Industry or business US Government  12. Name DREIFUS, Samuel dec.				Due to
Va.  Va.  13. Birthplace  HECHT, Eva  Wash.,D.C.				(Include pregnancy within 3 months of death)  Major findings of operations
Address Rt.  17. buri (Burial, crematio Cemetery or cremat Location	#1, Box 196 al norremoval Which Tyy I Alexand Francis J Ilth St.	Dale there Hills Ta, Va Collin	Roth  Pr Spring, Md.  12-20-48 (month) (day) (year)  151  Wash., D.C.  C. Patterson Registrar	Antopsy results. PHYSICIAN: Please underline the couse to which death should be charged statistically.  22. VIOLENCE: the death was due to external causes, till in the following:  Accident, suicide, or homicide

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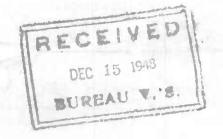
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

	Reg. Dist. Wormsenmini
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Manyland County Mentymen
(If outside cits or town limits, write RURAL and give nearest town)	1 Rand
How long in above place of death? all this tage	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred;	Street No.
Aone	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ADDISON EUGENE I	) u FFin/ None
4. Sex 5. Color or race 6.(a) Single married widowed, or divorced	MEDICAL CERTIFICATION
male Col.	20. DATE OF DEATH 13 December 1945 of 2:30A
0 0 1 0 00 .	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife arms Cerilia Duffin	70 Trans 10/18 1 12 December US
6.(c) It alive, give age	ars and that I last saw h. Amalive on 12 Documber 19 4/8
deceased (mo., day, yr.) august 21, 1859	Immediate cause of death
8. AGE: Years   Month   Days   It less than one day	Congrature heart failure 12 ha
89 3 17hrs.	
Baupla Martamere Mrs	. Due to loronomy orchiscom 7 day
9. Birthplace (Town, county, and state)	,. Due 10.
10. Usual occupation Farmer	Ballioschewis ? uca
tt. Industry or business	DUE 10
= 12. Name Henry Duffin	Other conditions Move
13. Birtholace Miontypnay Ebenty Manyla	Other Constitutes
	(Include pregnancy within 3 months of death)
14. Maiden name Marier Hockett 1 15. Birthplace Montgoney County Manyle	Major findings of operations.
2 15. Birthplace humby may Country Many to	Oate of op.
16. Interment Colum Dudhim	Autopsy resolts
Address Doughter	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
B. 12/15RIV	22. YIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suickde, or homicide
Cemetery or crematory Both Cemetery	Where did injury occur?
Boyds Dick	Injured at home, tarm, Industry, public place (where?)
Location Wallet Tacher	Means of Injury Injured at work?
18. Funeral director and the Country of the Country	Λ
Address Leetlers burg hell	- John d. Farritt M. D.
11, 3 48 (1) 1. 9. 14 10	23. SIGNATURE M. D. or other
19. At 3 1948 Ulsuda of Goode (Date ree'd by registrar) Registr	ar Address P. O. B. Oyolo, hich Date signed 13 Dec 42

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legi

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CERTIFICAT	TE OF DEATH Rog. Diat. No. 215
1. PLACE OF DEATH:  county Montgomery  City or town Bethesda, Rural, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long In above piace of death?  Nospital, Institution, or street address where death occurred:  U.S. Naval Hospital.  How long in hospital or Institution?  2 days	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  SIADISt. Of Columbia usiy  City or town. Washington.  (If outside city or town limits, write RURAL and give nearest town)  Street No. 4301 S. Capitol Street  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME FRENCH, Karen Marie	3. (b) Social Security Number
Female   5. Color or race   6.(o)Single, married, wflowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife.  6.(c) 11 alive, give age	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from  8 December 19.48 to 10 December 48.  and that I last eaw her alive on 10 December 19.48.  Immediate cause of death.
8. AGE: Years Months Days If less than one day O O 2hrsmin.	Immediate cause of death DURATION  DURATION
9. Birthplace Bethesda, Maryland (Town, county, and atate)  10. Usual occupation	Due to  Due to  Dither conditions
14. Maiden name Wetoneah LaVonne French 15. Birthplace New Jersey	(Include pregnoney within 3 months of death)  Major findings of operations
16. Intermant Mother: Wetoneah LaVonne French Address 4301 S. Capitol Street, Wash, DC  17. Surial Date thereof 12-14-48  (Burial, cremation, or removel, Which?)  Cemelery or crematory Arlington National  Location Arlington Virginia  W.W. Chambers	PHYSICIAN: Please moderline the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Addrese 517 11th St SE Washington, DC  18. 12-10-48  (Date rec'd by registrar)  18. Funeral director.  Mary C. Patterson.  Registrar	23. SIGNATURE A.M. MARGILETH LTJG MC USN M. D. or other Address U.S. Naval Hospital Date eigned 12-10-48

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

211

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powborn infants give residence of mother)
County Montgomery	State Maryland County Montgomery
City or town. Chevy Chase (tf outside city or town timits, write RURAL and give neares	at town) City or town. Chevy Chase (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)  Street No. 126 E. Bradley Lane
Hospital, Institution, or street address where death occurred:	Street No. 120 E. DI AUTEY LATE  (If rurel, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (d) FULL NAME	3. (b) Social Security Number
JOSEPH FREUND	None
4. Sex   5. Color or race   6.(a)Single, married, widowed. or di	vorced MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH December 23 19.48, at 9:40P
6.(6) Name of husband or wife Marian C. Freund	21. I CESTIFY that death occurred on the date above stated; that I attended deceased from
5.(0) Name of husband or wife	1 to Med Frais 19 19
7. Birth date of Tanno 12 1970	and that I last saw halive on
deceased (mo., day, yr.) dulle 1), 10/9	Immediate cause of death DURATION
o. AGE:	TILL COMMENCE STATE STATE STATE OF
	tuddin
9. Birihplace Vashington, D.C. (Town, eounty, and state)	Due to
10. Usuat occupation Retired	
11. industry or business	Due to
	Other conditions
12 Name Frederick Freund  13. Birthplace Washington, D.C.	
	(include pregnancy within 8 months of death)
14. Maiden name Elizabeth Drisch Unknown	Major fiodiogs of operations.
	Date of op.
16. Informant Wm. Ralph Freund	Actorsy resolts
Address 516 A St. S. E. , Washington,	22 VIOLENCE, If death was due to external causes, till in the following:
(Burisi, eremation, or removal, Which?)  (Burisi, eremation, or removal, Which?)	(9 4 8 Accident, suicide, or homicide
	Where did Injury occur?
Cemelery or crematory Sitt. Hue Co.	4 5 41
Location 2701-19 St. 17. W. Westing	Injured at home, farm, Industry, public place (where?)
18 Funeral directors of Kember Cumphry Fr	Mssns of injury tnjured at work?
Address Betherda, hid.	22 SIGNATURE Trans Color Barrehart M. J.
12-24 48 NE	be 23. SIGNATURE LANGE M. D. or other M. D. or other
(Dato ree'd by registrar)	Registrar Address Jackson Registrar Date signed 12:24

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DEC 27 1948 BUREAU T. B.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### DTIFICATE OF DEATH

12634

F	E OF	DEATH	14	Reg. Diat. No	216
	2. USU.	AL RESIDENCE (I	HOME) OF DE	CEASED:	
	State	D.C.	County		
	City or to	(if outside cit	y or town limits, wri	L. ) W te RURAL and give n	eareat town)
	Street No.	Washe	(Inrural, give LOC.	ATION)	
i	2.(a) if v	eteran, name war	0		V
			3.	(b) Social Security	y Number
1	INO		DIGIT CENT		
		A	EDICAL CERT	7 1/	8 645
	-	DF DEATH	ed on the date above sta	19	ceased from
		er 19	619.4	10 Dec	17 1948
	and that I	last saw hali	ve on the	. 16	19. 7.0
	Immedia	cen ou	my Ed	ema	DURATION L
	ull	a ca	dias g	relick	
	Due to	From che	I Press	umia	6 day
	Due toa.	1/	***************************************	1	
	Dther con	ditions Mec	10Carl	WS	
		(Include preg	nancy within 3 month	s of death)	
	Major fin	dings of operations			
	Antoney	resuits	······································	Date of op	
PHYSICIAN: Please un		AN: Please underline	the cause to which d	eath should be charge	d statistically.
			ue to external causes, t		
				Date of	
	Where did	injury occur?	(City or town)	(County)	(State)
			public place (where?)		
	Means of	Injury	00 11.	tnjured at work?	
	23. SIGN	ATURE J. C	1 Ma	hus	
	Address	4648	6-20.1	Huy Date signer	Oce 17/9
					1

**CERTIFICAT** 1. PLACE OF DEATH information careful of death clearly an How long in hospital or institution? 3. (a) FULL NAME 5. Color or race ADING INK. Supply every item of Physicians: please write the causes deceased (mo., day, yr.) If less than one day 8. AGE: 9. Birthplace ... (Town, county, and atate) In. Usual occupation. 11. Industry or business 12 Name WILLIAM PASh WITH UNF important. 13. Birthplace NNA CONNORS especially WRITE, PLAINLY Address (Burial, cremation, or removal, Which?) 18. Funeral director (F)



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 414

m Date signed 12-17-88

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	Manda none nor
Cily or town Silver Spring, Md. (If outside city or town limits, write RURAL and give neare	state Maryland couoty Montgomery
	City or town Silver Spring, (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
nospina, manualon, or anoth seasons miles active	Street No
the best to be leaded and	2.(a) ti veteran, name war. W. W. # 1
How long in hospital or institution?	4.(4) Il reteal, hant was made and a second
3. (a) FULL NAME	21 '20 Social Security Number
Mussell D.	Gill Russel B. Gill
4. Sex 5. Color or race 6.(a) Single, married, widowed, or d	MEDICAL CERTIFICATION
Male Wh. Single	20. DATE DE DEATH Le 17 19.4 9 al Gios P
	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(8) Name of husband or wife	
6.(c) It alive, give age	years and that I last saw h alive on 19.
7. Birth date of deceased (mo., day, yr.) August 2, 1893	
8. AGE: Years   Months   Days   If less than one day	
55 4 15	min Parameter Acade Acade Acade
	Colonory occurs
9. Birihplace Silver Spring, Md. (Town, county, and atate)	Due to
Floor Sander	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Levi C. Gill Sr.	Dther conditions
14. Maiden name Augusta E. Wilson 15. Birthplace Missouri 16. Intermant Mrs. Howard W. Niple	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiedings of operations.
≥ 15. Birthplace Missouri	Date of op.
16 Interment Mrs. Howard W. Niple	Actopsy results
Address Silver Spring, Md.	PHYS1CIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the following:
17 Burial Date thereof Dec. 21, (Burial, cremation, or removal. Which?)	y) (year) Accident, suicide, or homicide
Cemetery or crematory Arlington National	
Location Arlington, Va.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Warners E. Jumphra	of Une Means of Injury Injured at work?
	1 1/2 1
Address Silver Spring, Md.	23. SIGNATURE hand 1. I downtant mo.
" He 20 10 47 naphwores	School Oct med Ecan M. D. or other
19. Atte 40 19. 45 marking and (Dato ree'd by registrar)	Registrat Address Jeet Manual Part Bate signed 1217 X

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and RESERVED FOR BINDING IARGIN

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correct age



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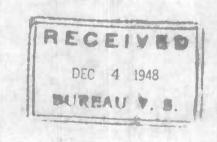
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

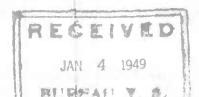
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CERTIFICAT	E OF DEATH Reg. Dist. No. 216	
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	
JULIA GLASGOW	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  Fernale White Cardowet	MEDICAL CERTIFICATION  20. DATE OF DEATH. EVEL. Dee 182 19 48 at 19	
6.(b) Name of husband or wife.  Benjamin  6.(c) If alive, give age.  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days Oit less than ooe day  hrs. min.  9. Birthplace.  (Town, county, and atate)  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant.  17. Burnal.  Address # 710 - Uptton.  18. Bate thereof.  Burnal, cremation, or removal. Which?)  Cemetery or crematory.  Mounts 1 2 and Canada (month) (day) (year)  Cemetery or crematory.  Mounts 2 and Canada (month) (day) (year)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.48  and that I last saw h	
Location Maspeth n.y.  18 Funeral director N. V. Chaquibero Co.  Address 1400 Chapir st. N.V.  19. 2 18. 45. 21. 6 galler Registrar  Registrar	Injured at home, farm, Industry, public place (where?)  Means of Injury  Toluth  Robert  M. D. or other,  Address 5 702 by securing Gurler	



Evidence for correction of 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother (If outside eity or town fimits Hospital, Institution, or street address where death occurred: information care (If rural, give LOCATION! How long in hospital or institution? 3. (a) FULL NAME (3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wite..... .6.(c) If allve, give age .. 7. Rirth date of deceased (mo., day, yr.) DURATION It less than one day 8. AGE pl 9. Birthplace. 11. Industry or business (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations. especially PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide..... (month) (day Whera did Injury occur? ..... WRITE (City or town) (County) injured at home, farm, industry, public place (where?) ...... Injured at work? Means of injury EASE 23. SIGNATURE (Date rec'd by registrar)

Co. 1945



2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: Montgomery County (For newborn infants give residence of mother) Silver Spring, Md. How long in above place of death?.. Hospital, Institution, or street address where death occurred: 6hours How long in hospital or institution?. 3. (a) FULL NAME John Charles Grace B.(a) Single, merried, widowed, or diverced 4. Sex Male White Widower \*6.(b) Name of husband or wife Marguerite Brown deceased 7. Birth date of April 3, 1876 deceased (mo., day, yr.) Days If less than one day 8. AGE: 72 28 8. Birtholace Washington, D. C. retired (Govt. 1D. Usual occupation. Patrick Grace Ireland 13. Birthplace 14 Maiden name Anne Kennedy 15. Birthpiace Ireland or New Jersey Cedarcroft Sanitarium Silver Spring, Md Date thereot..... (month) (day) (year) 18. Funeral director Address

State D. C. Coun	ty	
City or town. Washington, D. C. (If outside city or town limits, write RURAL and give nearest town)		
Street No. 4902 Third St.	NW	
2.(a) if veleran, name war		
	3. (b) Social Security Number	
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH Ser 3/	10 4 4 3 150 A	
The second secon		
2f. I CESTIFY that death occurred on the date abov		
	- 10 Carl 19	
and that I last saw halive on		
Immediate cause of death	OURATION	
Cerebral ede		
Que to Charles alex	Colon 3 days	
(117)49_051		
Due 10		
Other conditions		
(Include pregnancy within 3 m	onths of death)	
Major findings of operations		
Major Hadings of Special Property		
Autopay results		
PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.	
22. VIOLENCE: If death was due to external caus	ee, fill in the tollowing;	
Accident, eulcide, or homicide		
Where did Injury occur?(City or town)	(County) (State)	
injured at home, farm, industry, public place (wh	ere?)	
Meens of injury	Injured at work?	
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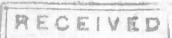
#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 216 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County .... (tf outside city or town limits, write RURAL and give nearest town) How long in above place of death?...... information carefu of death clearly a Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife ... 12-28 1048 10 12-30 .6.(c) if alive, give age ....... and that I last saw h. ER alive on 12 -30 7. Right date of deceased (mo., day, yr.) Months \ If less than one day Years Days 8. AGE: CEKEBRO-VASCULAR HEMORRHAGE ON LEFT Due to HYPERTENSION - CONG (Town, county, and state) STANDING 10. Usual occupation... 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINL's especial Address 22. VIOLENCE: It death was due to external causes, fill in the following: Date thereof DE c. 30 1 1948 (month) (day) (yeur) Accident, suicide, or homicide..... (Burlal, cremation, or removal, Which?) Whers did injury occur? .....(City or town) WRITE (County) ALEXANDRIA VA injured at home, farm, Industry, public place (where?) ...... Means of Injury Injured at work? Address 809 CAMERIN ST. ALEXANDRIA, VA.

Registrar

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

	100g. Plate to the minimum to the manual to	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County Mantgomery		
City or town. B. H. C. C. C. (If outside city or town limits, write RURAL and give nearest town)	State Mary land county Montgomerry	
How long in above place of death?	City or town (1f outside city or town limits, write ttURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
Suburban Hospital	(If rural, give LOCATION)	
How long in hospital or institution? I Day and 17 Lours	2.(a) if veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Wilson Joshua Hamilton		
4. Sex   5. Color or race   6.(a)Single, married widowed or divorced	MEDICAL CERTIFICATION	
M C. I Last		
M Col Widowed	20. DATE OF DEATH December 11 1948 21 8 a	
6.(6) Name of husband or wife Maretha Hamiltou	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) If allve, give ageyears	12 -9 1948 10 12-11 194	
7. Birth date of deceased (mo., day, yr.) 3 - /2 - 83	and that I last saw h	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death LOBAR PNEUMONIA DURATION	
65 8 29hrsmin.	BILATERAL	
9. Birthplace Cales Ville Mantala Co Ma	Due to	
10. Usual occupation	,	
11. Industry or business	Due to	
12. Name Deparis Damilton	Other conditions Scoulosis + Kyphosis	
= 13. Birthplace Montgomeny Co Md	SCIGHT HYPERTROPHY OF HEART (Include pregnancy within 3 months of death)	
= 14. Maiden name Martha Beekwith	Major findings of operations	
14. Maiden name Martha Beekwith 15. Birthplace Montgomery Co. md 16. Intermant Henrietta Maare (Darghter)	Antopsy results LOBAR PNEUMON (A	
16. Interment Lencietta Moore (Daughter		
	PHYStCIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removed. W)(chr)  (Burial, cremation, or removed. W)(chr)	Accident, suicide, or homicide	
Cemetery or crematory Selmon mod	Where did injury occur?	
Diales Illi med		
Location	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Polyet 7. Smouller	Msans of Injury Injured at work?	
Address Rockell My	Jean W. Por Mulan M-D	
12 111 118 208 1111	23. SIGNATURE	
19 1 - 14 19 40	Summer Hoak	

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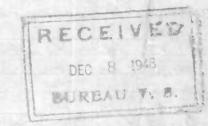
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	PLAINLY, WITH UNFADING INK. Supply every item of information carefully. T is especially important. Physicians: please write the causes of death clearly and leg
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10	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and
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EVIDENCE FOR CHANGE OF MARYLAND STATE DEPARTMENT OF HEALTH  AGE 15 CN:  2411 N. Charles St., Baltimore  266			
FILM No. G 1 18 JAN 26 1949 CERTIFICAT	TE OF DEATH		
	Nos. Diet. No		
1. PLACE OF DEATH:  County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cily or town	State Mary County Martigomery		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Rospital, Institution, or street address where death occurred:	Sireet No. 6061- Ewen / Coad		
How long in hospitat or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Victoria- Hatton			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
T repair	20. DATE OF DEATH		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above styled: that I stended deceased from		
7. Sirth date of	and that I last save and alive on the same and that I last save and the save and sav		
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
7980 11 25min.	adding - Car bary -		
9. Birthplace Laurence So lear	Due to Lucly materia frephril		
(Town, county, and state)			
11. Industry or business	Due to		
12. Hame David Hare  13. Birthplace Celinton Slar.	Biter conditions Distreteral astrong		
	(Include pregnancy within 3 months of death)		
14. Malden name	Major findings of operationa.		
8 - 0 - 0 - 0			
18. Intermedia full festive Whitelead	Autopsy results		
Address 606/- rever red.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. (Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Sucolu mente.	Where did injury occur? (City or town) (County) (State)		
Location	Injured et home, farm, industry, public place (where?)		
18. Funeral director. A Blass Selection	Cal It		
Address 38- H St. No Hash, De	23. SIGNATURE		
19. (Date ree'd by registrar)  Registrar	Address 11524 You no Date signed 12-6-48		

1524 U N. W.

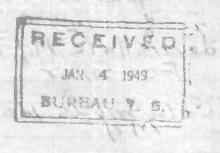


# 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County County	200 1 1 200 +
(If outside city or town limits, write RURAL and give nearest town)	and the second of the second
Now long in above place of death? 7.0 175	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
James Columbus Haws	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
UM W massied	20. DATE DE DEATH DECEmber 28 1948 at 2 1
8.(b) Name of husband or wife 927 trade Januse	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of S.(c) If allve, give age years	and that I last saw h. AM. alive on Sec 2 7
deceased (mo., day, yr.) Upril 16 - 1823	
8. AGE: Years Months Days If less than one day  7.5 8 /2	Immediate cause of death Cerebral Himosrhage 2 days
Janua dala Mel Ma ta	Defende delegation 10 in
9. Birthplace (Town, county, and atato)	Coucha Urleria & Clerocce 10 yrs.
10. Usual occupation FOX772 ex	
11. Industry or business	Due to
	•
\$ 13. Birthplace / / C/	Dther conditions
14. Maiden name & CC INDA NOXLEY 15. Birthplace NO.	(Include pregnancy within 3 months of death)  Major findings of operations.
¥ 15. Birthplace /// d .	Date of op.
16. Informant Albert HOWSE	Actopsy results
Address 3040/S, MC	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 /3 W/ 157   Date thereof /2/30/48 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Mt. View	Where did injury occur? (City or town) (County) (State)
Location / UY QUTTO	Injured at home, farm, Industry, public place (where?)
18. Funeral director VVIII 1070 13 14, 14077	Means of Injury Injured at work?
Address 13 0 x x v s VIII e, Md	23. SIGNATURE Ernect P. Roop, Med,
19. Dec. 29 19 48 Mrs. C. C. Stiller (Date rec'd by registral) By Mrs. 10. B. M. Registrar	Address New Market Med Date signed 12-28-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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Lanes Chamber Houses

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(Date rec'd by registrar)

M. D. or other

... Date signed 12-11-48

Reg. Dist. No. 215

(For newborn infants give residence of mother)	
(For rewhorn infants give residence of mother)  State Maryland County	<b>G</b> ,
City or town Brentwood (if outside city or town limits, write RURA)	and give nearest town)
Street No. 4415 41st Street	
(If rurol, give LOCATION)  2.(a) If veteral same war. WORLD WAR i	······································
3. (b) Soc	al Security Number
MEDICAL CERTIFICA	TION
20. DATE OF DEATH 11 December	1948 .10:05
21.1 CERTIFY that death occurred on the date above stated; that December, 1, 148 10 December.	allended deceased from
and that I last saw 1m alive on December, I	1 48
mediate cause of death BROUCHD	
Puennonia	
ue to 99 stric Obstruc	FLOY Oue 40
V	
1010 Carcinowatosis	3 y x 5
primary site - gas	Trice
ther conditions J O Ey	20/49 also
(Include pregnancy within 8 months of deat)	)
Major findings of operations	***************************************
	of op
Autopsy results	
22. VIOLENCE: If death was due to external causes, fill in the f	llowing;
Accident, suicide, or homicide	Dale of
Where did injury occur?	nty) (State)
injured at home, farm, industry, public place (where?)	
injured at home, term, theretay, part of parts	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

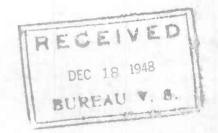
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### CERTIFICATE OF DEATH

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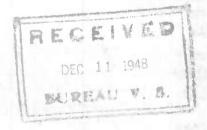
	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate
DELLA MERRILL HEOGELCOCK  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Demale White Willowed	MEDICAL CERTIFICATION  20. DATE DE DEATH. 1948, 21 9:48p
6.(b) Name of husband or wife. Lev. Seo. Learly fedge ocle  The street of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  76 4 18 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  2 - 15.7, to 2 - 19.7  and that I last saw here alive on 13.7  Immediate cause of death DURATION  Outer Cardiac Factors  DURATION
9. Birthplace Service (Town, county, and atate)  10. Usual occupation Annexing  11. Industry or business	Due to
13. Birthplace Schenestody, Kew York  14. Maiden name Margaret Sorari  15. Birthplace Leland, Delinois	Other conditions  (Include pregnancy within 3 months of death)  Major findings of sperations.  Date of op.
16. Informant M.: Aland Hodgewell  Address 572 Mississippe Gre. Seiner Sp. Md  17. Buriel Bale thereof Dec 16, 1948 (Burial, cremation, or removal, Which?)  Cemetery or crematory Down Assistables Constitute	Autopsy resolts PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director S. arthur Warters  Address 254 Cural Ot. Now Job Ruft. D. J.  19. Alc - 1 × 18 × 8  (Date rec'd by registrar)  Registrar	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE.  Dean 7V. 74 and M. D. or other  Address. 13 Carroll St. W. Date signed 2-14-48



### MARYLAND STATE DEPARTMENT OF HEALTH

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C	2411 N. Charles ERTIFICATE	OF DEATH	8300 120 2) Reg. Diat. No
1. PLACE OF DEATH:  County	give nearest town)	State. Marylan City or town Clf outside city or town Street No. ## 13 W	ME) OF DECEASED: sidence of mother)  County Moul, which is a second of the county of t
How long in hospital or institution?		2.(a) if veteran, name war	••••••
3. (a) FULL NAME Louisa Go1	RdoM	Hesse	3. (b) Social Security Num
4. Sex 5. Color or race 8.(a) Single, married, wid	lowed, or divorced	MEDIO 2D. DATE DF DEATH.	CAL CERTIFICATION  Dec 19 48 at 6
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less that Da	an one dayhrsmin.	and that I last saw h A last alive on Immediate cause of death.  Due to.	Jean Failer
11. Industry or business  H 12. Name		Other conditions	
14. Maiden name Margarith Re 15. Birthplace Scotland	illa	Majur findings of uperations	
16. Interment Miss Marian E. Address 13, Wethrill Rd. Wey	These Hand H	Antoney results	
17 Burist Rate therent /	onth) (day) (year)	22. VIOLENCE: If death was due to Accident, suicide, or homicide	Date of
Location	01-		or town) (County) (St c place (where?)
18. Funeral director. Hale S. A. Hall Mall. Address 2 981-14 the St. Hall.	Work De	23. SIGNATURE	me Houst
19. JZ JD 19. 48 W. E	9/ Registrar	Address 1852 Con	P. M. D. or ot



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12646 2/6

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Bethesde mong.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Md. County Many
How long in above place of death? 3 1/2 M/20.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where delich occurred:	Street No. Betherda Station
	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM S. HOLLAIND  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
MALE WHITE WID.	20. DATE OF DEATH December 10 1948 21 12 00 Mgg
6.(b) Name of husband or wife SPRAH T. HOLLAND  6.(c) It alive, give age years  7. Birth date of deceased (mo., day, yr.) SEPT. 26 1868	21. I CERTIFY that death occurred on the date above states; that lattended deceased from  19. 48. to Dec 10 19. 48.  and that I last saw h. 177. alive on D.R.C. 9. 19. 48.
	Immediair cause of death Regaratory DURATION
8. AGE: Years Months Days If less than one daymin.	failure
0.0	
9. Birthplace (Town, county, and state)	Due to Paralysis of respectory
1D. Usual occupation KEEPER RT 200	arteriosclassis c sparlingados
= 12. Name WILLIAM D. HOLLAND	Dther conditions.
X 13. Birthplace S.C.	(Include pregnancy within 3 months of death)
14. Maiden name N7 P. R. C. AR ET SIYITH  15. Birthplace S. C.	Major findings of operations.
5.C.	Major hadings of operations
18. Informant CHRISTINE T. HOLLAND	Autopsy results.
	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address ROSTE # 3, BETHESDA, MD.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. BURIA Company Date thereof DEC. 13 1948 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Po ToM A &	Where did injury occur?
An A	Injured at home, tarm, Industry, public place (where?)
Location MD	Means of Injury Injured at work?
18. Funeral director. W. M. C. H. B. M. B. E. R. S.	
Address 30 72 M ST. N.W.	23. SIGNATURE Frank Jaggen 1. M. D. or other.
19. (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address 5707 Wisconis are Date signed 12/10/42

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

Reg. Dist. No. 215

Y		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother)	
County Montgomery	State	
City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 22 days	City or town Nokesville (if outside city or town limits, write RURAL and give nea	reat town)
Hospital, Institution, or street address where death occurred:		,
US Naval Hospital, Bethesda, Md.	Street No. (If rural, give LOCATION)	,
How long In hospital or Institution?	2.(a) It veteran, name war	V
3. (a) FULL NAME	3. (b) Social Security	Number
HOLMES, Frank		ST-Door St
4. Sex 5. Color or race 8.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male Negro single	20. DATE OF DEATH. 22 December 19 48	i 4:50 A
	21. I CERTIFY that death occurred on the date above stated; that I attended decer	ased from
S.(ò) Name of husband or wite	30 November 19 48 16 22 Dec	ember
7. Birth date of Sontombor 22 1800	and that I last saw h im alive on 22 December	
deceased (mo., day, yr.)  September 22, 1895	Immediate cause of death	
8. AGE: Years   Months   Days   It less than one day	Tuberculosis, renal bilateral	Domini to to
53 3 0hrsmin.		***************************************
	Inomi a	***************************************
B. Birthplace	Due to	***************************************
Tamanah		
1B. Usual occupation.	Due to	
11. Industry or business	Tuberculosis, larynx	
12 Name HOLMES, Arthur dec.	Dither conditions	
12. Name HOLNES, Arthur dec.		
	(Include pregnancy within 3 months of death)	
14. Maiden name BURGERS, Lilly dec.	Major findings of operations	
14. Malden name BURGERS., Lilly dec. Va.	Date of op.	
16 Interment brother: Mr. Clay Holmes	Autopsy results	
	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Nokesville, V.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 burial Date thereof Dec. 25,1949  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematoryOnOm	Where did injury occur?(City or town) (County)	(State)
Nokesville,, Va.	Injured at home, farm, Industry, public place (where?)	
	Meansyot Injury . O	
18. Funeral director		
Address Manassas. Virginia	WY WALL TA	MC TISM
	FIGNAUNE SIGNAUNE SIGNAUN SIGN	or other
19. 12-22-48 xo many c. Patterson	Address USNH Bethesda, Md. Date street.	12-22-48



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2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Dis N. 1573

1. PLACE OF DEATH: County Month of the County		
Eity or town  (Thousaide city or town limits, sprite NUIAL and give nearest town)  800 long in above piace of calabi.  800 long in above piace of calabi.  800 long in above piace of calabi.  800 long in hospilal or institution.  800 long in hospilal or institu	1. PLACE OF DEATH:	
ité long in abore places désalts : grée MURAL and que nerveut comb le vien long in abore places désalts : grée de long le places désalts : grée places désalts : grée places de la courté.    Soulis langifules, or places désalts shore était occurée.	( The select Parks	
its or in a bore place of death?    Control	(If outside city or town limits, write RURAL and give nearest town)	and I partition & C.
Sires in Social Security Number    Sires in Social Security Number   (if cares), give LOGATION)	How long in above place of death?	(If outside city) or town limits, write RURAL and give nearest town)
See		
## ASSESSED SOUTH OF PLACE OF A COUNTY OF THE PLACE OF A COUNTY OF THE PLACE OF THE	- 0	
8. (b) Rame of hurband or wile.  8. (c) It sign deleted the state of the state above elabels: that I strended deceased from the state of the state above elabels: that I strended deceased from the state of the state above elabels: that I strended deceased from the state of the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I strended deceased from the state above elabels: that I state above elabels: that I state above above elabels: that I state above elabels: that I state above elabels: that I state above elabels: that I s	3. (a) FULL NAME	3. (b) Social Security Number
8. (b) Name of bushand or wife Mark Alabeled Spanner 1. Birth date of the date above estates; that I attended deceased from the deceased (mo. day, yr.) Blee. 4 B. 7/  8. AGE: Teare Months Daye It less than one day  9. Birthplace Mark Alabeled Spanner 1. Industry or business  10. Usual occupation. But I the date of the date above estates; that I attended deceased from the deceased (mo. day, yr.) Blee. 4 B. 7/  10. Usual occupation. But I the date of the date above estates; that I attended deceased from the deceased (mo. day, yr.) Blee. 4 B. 7/  11. Industry or business  12. Name which is a state of death. Duration of the date above estates; that I attended deceased from the deceased (mo. day, yr.) Blee. 4 B. 7/  11. Industry or business  12. Name of business  13. Birthplace Tiber on the date above estates; that I attended deceased from the date above estates; that I attended the deceased from the date above estates; that I attended the deceased from the date above estates; that I attended deceased from the	Ther alexander Y. Johnson	
8. (b) Name of husband or wite 18 1	4. Sex 5. Celer er sace ( &.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
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7. Birth date of deceased (no. day, yr.) ble 4 B 7   19 min.  8. AGE: Yeare Months Daye If less than one day  10. Usual occupation. Result therefore the control of the con	mes lossel Johnson	
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10. Usual occupation. Politicists and agrical and agrical accordance to the control of the conditions.  11. Industry or business  12. Name. Distribulate The conditions Distribulate (Include pregnancy within 3 months of death)  13. Birthplace (Include pregnancy within 3 months of death)  14. Major findings of aperations.  16. Informant Address Address Physician Physicians: Physicians: Please enderline the cause to which death should be charged statistically. Physicians: Please enderline the cause to which death should be charged statistically. Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State)  18. Funeral director Address Physicians (City or town) (County) (State)  19. One of the conditions (Include pregnancy within 3 months of death)  Major findings of aperations.  Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State)  19. One of the conditions (Include pregnancy within 3 months of death)  Major findings of aperations.  Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State)  19. One of the conditions (Include pregnancy within 3 months of death)  Major findings of aperations (Include pregnancy within 3 months of death)  Major findings of aperations (Include pregnancy within 3 months of death)  Major findings of aperations (Include pregnancy within 3 months of death)  Major findings of aperations (Include pregnancy within 3 months of death)  Major findings of aperations (Include pregnancy within 3 months of death)  Major findings of aperations (Include pregnancy within 3 months of death)  Major findings of aperations (Include pregnancy within 3 months of death)  Major findings of aperations (Include pregnancy within 3 months of death)  Major findings of aperations (Include pregnancy within 3 months of death)  Major findings of aperations (Include pregnancy within 3 months of death)  Major findings of aperations (Include pregnancy within 3 months of death)  Major findings of aperations (		Sum College of the Co
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11. Industry or business  12. Name	10. Usual occupation Kelleteld Grober	Bus Steller aute left 1000
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14. Maiden name   15. Birthplace   15. Birthplace   16. Intermant   16. Internation   16. Intermant   16. Intermant   16. Internation   16. Internat	E 12. Name Olis Johnson	Dither conditions
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Address 7 9 CHURCH ST NW WAS 22. VIOLENCE: 11 death was due to external caueee, 1ill in the following:  17. CREMATION  Bate thereof. DEC (month) (day) (year)  Cemeiery or crematory CEDOR HILL CREMATORY  Location S.D. T. D. MARY D. M. M. D. C. State)  Injured at home, farm, industry, public place (where?)  Meane of Injury  18. Funeral director. Meane of Injury  19. UEC 1 in 1980 HILL CREMATORY  23. SIGNATURE. S.D. W. J.	15 Blothology Pressel and and Surrelland	
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(Burial, eremation, or removal. Which?)  (month) (day) (year)  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE.  23. SIGNATURE.  24. MyD. or other	0-///	"22. VIOLENCE: II death was due to external caucee, IIII in the following:
Cemelery or crematory CEDAR HILL CREMATORY  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Meane of injury  Injured at work?  Addrese / 756 Pa Care Mey D. C. X. SISNATURE.  23. SISNATURE.  24. My D. or other	(Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
18. Funeral director for flavolein Sons In Means of Injury Injured at work?  Address / 186 Pa Care M. D. C. X. S. SIGNATURE Page M. S. Soloha In D. C. X. SIGNATURE Son M. D. or other  19. UEC 1 19. 1980 / H. M. D. or other  500 Welson of M. D. or other		Where did injury occur?
18. Funeral director 18. Such a Care Media D. C. X. SIGNATURE Bus M. Sholding or other  19. DEC 19. 1940 HIMM North Son Welling Son William Son Son Welling Son William Son Son Welling Son William Son Son Welling Son Son State Son Son Son State Son Son State Son	Location SULTLAND MARYLAND	Injured at home, farm, industry, public place (where?)
Addrese 1756 Pa Care, M. R. D. C. X. S. SIGNATURE Dug. M. S. Sloham In Q. 19 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 23. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 24. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 24. SIGNATURE Dug. M. S. Sloham In Q. 1940 HIMM NOTAL 24. SIGNATURE DUG.	Van M. O. : 1000 2.	Meane of Injury Injured at work?
10 DEC 1 is 1940 HIMM NOW 23. SIGNATURE 500 Indured & MyD. or other	who a contacy	of the shall and
10 UEC 10 1900 THUIN NOW SON WHENCH STAN IN 18 10/16	Audrees / 13 6 0 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE (M. D. or other
	19. (Date ree'd by registrar) Registrar	

PLAINLY, WITH UNFADING INK. Supply every item of information careful. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

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DEC 20 1948
BUREAU V. S.

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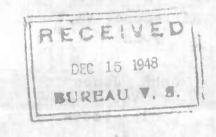
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

# CERTIFICATE OF DEATH

12649 Reg. Dist. No. 218

1. PLACE OF DEATH:  County			CRAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a state	mother Mon Too MERY  Spurs , write RURAL and give nearest town)
3. (a) FULL NAME				11	3. (b) Social Security Number
	Adella	Minn	ie Jones		
Female	5. Color or race White		, married, widowed, or divorced 1810		ERTIFICATION 5.1
7. Birth date of		§.(c	) If alive, give ageyears	21. I CEBTIFY that death occurred on the date abo	
deceased (mo., day, yr 8. AGE: Years	Months	v 2nd	1856	Immediatogrause of death for the	centily 10 year
1856- 92	1	9	hrs min.		
	nouse	veen.	ing	Due to	
10. Usual occupation		10		Due to	
111		ones		Other conditions	
14. Maiden name	Lydia Va,	Potts		(Include pregnancy within 3 r	
16. Informant	ecords M Gaithe		ist Home	Autopsy results	hich death should be charged statistically.
	rial or removal. Which?)	Date there	12/14/48 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of
			ak Cemetery	Where did injury occur?	
			. Md.		here?)
18 Funeral director	Ernest Gaither	C. Ga sburg		Means of Injury	halles Indo
19. Det rec'd by res	3 1948 (	Elm	What Goode Registrar	23. SIGHATUHE AMERICAN Address Granthers Cang	M.D. or other 19 Date signed 12/13/48



A STANDARD SECTION

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:  County Clif outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  How long in hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County Mont .  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war  3.(b) Social Security Number
Jessie L. Neeley	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Luck widaw	MEDICAL CERTIFICATION  12 - 18 1948 21 11:57 0
6.(b) Name of husband or wife Rev. Hugh Reeley (Ascased)  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less lhan one day hrs. min.  9. Birthplace (Town, county, and state)  10. Usual occupation  11. Industry or business  12. Name Jahre & Smith  13. Birthplace Usek.  14. Maiden name Mallie & Smith  15. Birthplace Usek.  16. Informant Mallie & Shipley  Address Wood & Argent Flower & Work & C	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
17 (Burist Ceremation) or (emoval Which?)  Cemetery or crematory Am Their Some Ind.  Location 3 th Ash. Sh. F.	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
18. Funeral director  Address 300 4th II. NE.  19. Dec 19  19. (Date ree'd by registrar)  19. Registrar	23. SIGNATURE OLGU H. Harling M.D. or other  Address // 3 Canol St M.W. Date signed 2-19-48

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HON	ME) OF DECEASED:	
County			state Maryland county Montgomery			
			Chorry C			
How lone in above place	of death?	) Year	S	City or town	wn limits, write RURAL and giv	e nearest town)
Hospital, Institution, or	street address where	death occurred		Street No. 4203 Lelan	d St.	
				(If rui	ral, give LOCATION)	
How long in hospital o	r Institution?			2.(a) ti veteran, name war	•••••	
3. (a) FULL NAM	E				3. (b) Social Secur	rity Number
	Barb	ara :	Dunlop Lenne	dv	X	
4. Sex	5. Cotor or race		, married, widowed, or divorced		AL CERTIFICATION	
Female	White		Married	2D. DATE DF DEATH. /2	1 7 14	8 . 7.45 P. W
6.(b) Name of husband	or wife	lussel	l Kennedy	21. I CERTIFY that death occurred on the	e data above stated; that I attended	
	****************	8.(c	e) If alive, give age,y			19 48
7. Sirth date of deceased (mo., day.	v.) April	18th	1902	and that I last saw h&dalive on		
8. AGE: Year		Days	ti less than one day	Immediate exuse of death	C -1-0 .	DURATION 15 MINUTE
46	7	19	hrs	5 whomen		
	T-T - 1 - 2	1 -/-	1	Q0 7	II de de serie	201/01
9. Birthplace	Washin	eounty, and a	D.C.	Due to	But Sunday	
					***************************************	
A PROPERTY OF THE PARTY OF THE				Dua 10		
11. Industry or busines		7		_		
12. Name	George L				***************************************	
and the same of th			Washington, D	(include pregnancy	within 3 months of death)	
当 14. Maiden name	Frances	Ailer		Major findings of operations		
14. Maiden name			Virginia	Major madiags of operations		
			dy	PHYSICIAN. Plance underline the car	nse to which death should be cha	arged statistically.
Address 420	3 Leland		Chevy Chase,	MO .		
Bu:	rial	Date there	ect Dec. 10/48 (month) (day) (year)	Accident, sulcide, or homicide		
(Burial, cremation	n, or removal. Which?	?)	(month) (day) (year)			
Cemetery or cremat	ory Nationa	ar Hem	orial Park	Whera did Injury occur?(City o		(State)
Location	Falls (	hurch	7 Vaga	Injured at home, farm, Industry, public	place (where?)	
	, M 11	UIV		Means of injury	Injured at work?	?
	V-Cla		The state of	× n		
Address 7	557 Wisc.	Ave.,	Bethesda, No	23. SIGNATURE Ou J.	Journa	
19. /2-9	1048	1 6	U.E. Yours	G. (C) -	- Q0 M	gned / 2/9/Y
19. American	omintent		7. Regis	rar Address 80/6 14 Ruge	Data si	gned . / h.f7. f. J.A

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DEC 11 1948

BURRAU T. S.

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(Date rec'd by registrar)

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correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

460

M. D. or other

# CERTIFICATE OF DEATH

23. SIGNATURE

Address.

Reg. Dist. No	C.(.9
ME) OF DECEASED:	Estate
count ontgoner;	7
e own limits, write RURAL and give	nearest town)
erson Ave.,	•••••
No	
3. (b) Social Securi	ty Number
No	nne
19 1946	8 N245A
a data above stated; that I attended the	acassad from
6 19 to Del	19 19.45
D.K. 18	19 44.
	DURATION
fancies.	1-gear
1 from fortrum	ma 3 de
Ware.	
	***************************************
Bale of op	
suse to which death should be charg	red statistically.
xternal causes, fill in the following:	
Date of	
ortown) (County)	(State)
Injured at work?	
	WE OF DECEASED: dence of mother)  County ONT GOLLETY  Within 3 months of death)  Within 3 months of death)  Date of op.  On town)  Date (where?)

			OBICTITION.
PLACE OF DEA	TH:		
	ntgomery		
	Rockvil		URAL and give nearest town)
w long in above place o	f death?	ll Yr	.S
	treet address where de		
ozu Ande	rson ave	a	ckville, Md.
w long in hospital or i	nstitution?		***************************************
(a) FULL NAME			
	Sue	Font	aine Kevs
Sex	5. Color or race	6.(a)Single	aine Keys  , married, widowed, or divorced
Parala	Tills i + o	T-1	lidowed
	White		
(b) Name of husband o	r wifeTh	omas	C. Leys
50			e) If allve, give ageyea
Birth date of			
Beceasea (mo., aa), ji		4th	1 It less than one day
. AGE: Years	Months	Days	
71	8	14	hrsmir
I. Industry or business	House		
			ntaine
13. Birthplace	Sommerse	6 600	inty, Md.
14. Maiden name	America	Magru	ıder
15. Birthplace	Montgone	ry Co	der
6. Intermant	ss Wosen	hine	R. Feys
Address 620	Anderso	n Ave	.,Rockville,H
(Burial, cremation,	or removal, Which?)	Date there	eot. Dec. 21/48 (month) (day) (year)
Cemelery or cremator	, Rockvil	<u>le Ur</u>	nion Cemetery
LocationRo.C	kville	lud.	1 01/
18. Funeral directo	enter Ou	mphe	eg Timesal Hon
			Ave., Bethesd
19. Date roc'd by rea	19.48	2	P. Thompson



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G INK. Supply every item of sicians: please write the causes

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### CERTIFICATE OF DEATH

Bar Dia No Y 14

	Reg. Dist. No.
1. PLACE OF DEATH: Subve String	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 3 > 2 3 Sartie & St NW (If rural/give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Cleanor B. Hooney A	
5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
topol white Widow	20. DATE OF DEATH
8.(b) Name of husband or wife Charles 17 1200mo M D	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.)  Track 18, 1867	and that I last saw had alive on December 36 184.
8. AGE: Years   Months   Days   If less than one day	Immediatu cause ol death
81 9 8nin.	
9. Birthplace	Due to Chance mysendition
1B. Usual occupation	S. S. S.
11. Industry or business <sub>0</sub>	Due 10
12. Name Showed Spring Blandford  13. Birthplace Pr. 926. B. and	Dither conditions
14. Maiden name Elizabeth / fiel 15. Birthplace Pr. Seo. Co. rud	(Include pregnancy within 3 months of death)
B. Sin Co. 244	Major findings of operations.
2 15. Birthplace gr. 100	Date of op.
16. informant at arth o. Course Love Between to	Autopay results
Address S	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Aoch Creed	Where did Injury occur? (City or town) (County) (State)
Location Washington DG	Injured at home, tarm, Industry, public place (where?)
18. Funeral director farmers T. Physical Inc	Means of Injury Injured at work?
Address 317 pa are S.C.	23. SIGNATURE Kenny Per London 914. D.
19. De 46 19 48 fraction le Abackle (Date rec'd by registrar)	M. D. or other



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1265 VIV

1. PLACE OF DEATH: county Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	Stale County		
City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or lown Washington, D. C. (If outside city or town limits, write RURAL and give nesrest town)		
Hospital, institution, or street address where death occurred:	street No. 431 Cedar Street, N. W.		
On street in front of 235 Dale Drive	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number 578-07-8113		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH Dec 20 19 XV 31 3. XOP III		
6.(b) Name of husband or wifeHilda AManuel.  6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) Dec. 11, 1887	1) 0 6 101 - 19 10 19		
8. AGE: Years   Months   Days   If less than one day	There was hange the To large s		
61 0 9hrsmin.			
9. BirthplaceMiddletown, Va. (Town, county, and state)  10. Usual occupationCarpenterSuperintendent	Due to		
	Other conditions.		
	(Include pregnancy within 3 months of death)		
불 14. Malden name Margaret Frances	Major findings of operations.		
14. Malden name Margaret Frances 15. Birthplace Shepherdtown, Va.	Date of op.		
16. Informant Mrs. Hilda A. Manuel	Autopsy results		
Address 431 Cedar St., N. W., Washington, DC	22, VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Date Ihereof Dec. 23. 1918 (Burisl, eremation, or removal, Which?)	Accident, suicide, or homicide, Accident Bate of 12 - 20 - 40		
Cemetery or crematory Middletown	Where did injury occur? (City or town) (County) (State)		
Location Middletown, Va.	March )		
18. Funeral director Dames E. Pumplicay	Maans of Injury Crushed by truck Injured at work? yes		
Address Silver Spring, Md.	Thank J. Broschart M. J.		
19 Dec 91 19 48 Josephian Schaef	23. SIGNATURE Definition & Security M. D. or other		
(Date rec'd by registrar) Registrar	Address das Shellen J Date signed 12-20-4		



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No. .....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) Of	F DECEASED:	
County Montgomery				state Maryland county Montgomery		
Cily or town			URAL and give nearest town)			
How long in above place of death?  Nospital, institution, or street address where death occurred:  Bethesda Suburban Hospital.  Now long in hospital or institution?				Cily or town Silver Spring (If outside city or town limits, write RURAL and givo nearest town)  Street No. 1009 Reddick Drive (If rural, give LOCATION)  2.(a) If veteran, name war.		
			l:			
			tal,			
			······································			
3. (a) FULL NAM	E				3. (b) Social Security	Number
Land Section	CHARLES		HENY			
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	4111
male	white	m	arried	20, DATE DF OEATH Dec. 23, 1948 19 21 10,		10.30 a
6.(b) Name of husband	Be:	ssie L	. Matheny	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dec	eased from
				Nov. 22, 1948		
7. Birth date of	••••••	5.(	s) if alive, give ageyear	and fhat t last saw h.i.malive nn .Dec	23, 1948	19
deceased (mo., day,	yr.) Aug.	13, 18	93	Immediate cause of death		
8. AGE: Years	s Months	Days	It less than one day	Carcinoma of the par	ncreas	
55	4	10	hrsmin			
9. Birthplace	larksbur	W.V	a	Oue to	***************************************	
J. Bit ingrave	(Town	county, and	tractor		***************************************	
10. Usual occupation.				Due to	***************************************	*** ***********************************
11. Industry or busines	Mathen;					
12. NameJS	ames L.Ma	atheny		Other conditions	***************************************	**
	Clarksby				***************************************	
E	Matilda	Moore		(Include pregnancy within 3 r	nontha of death)	
14. Maiden name 15. Birthplace	Feinmont	- 7M7 77 p		Major findings of operations. Gallstone	ss, nopacic me	es tastabes
≥ 15. Birthplace	rallmon	14. Va			Date of op. D.C.	C. 4-40
16. Informant	Mrs. Bessi	e L.M	atheny	Antopsy results	tick doub should be chosed	Latationicalla
Address	LOO9 Red	lick D	r.Sil.Springs	IV. Co. T.		statisticany.
Buris	ıl	Date thee	eof 12/24/48 (month) (day) (year)	22. VIOLENCE: If death was due to external cau		
(Burial, cremation	n, or removal. Which	?)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	ory Mac	on		Where did injury occur?	(County)	(State)
2000	Mac		W.Va.	Injured at home, farm, Industry, public place (w		
1 1/1/				Meens of Injury	injured at work?	
18. Funeral director				•		
Address 290	1-14th St	reet, N	W. Wash., DC.	23. SIGNATURE. J. S. C.	C. Tialbo	ok
19	23 1948	19, 11	NE bee 1	855 Eye St. "ash. 6. D.	C. Dec 23	or other
(Date rec'd by re	egistrar)		Registra	Address.	Date signed	1770.

RESERVED FOR BINDING MARGIN ADING INK. Supply every item of information careful, Physicians: please write the causes of death clearly and

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

CERTIFICATI	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Montgomery		
City or town	State Md. county Montg.  City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 413 Silver Spring Ave.	
h13 Silver Spring Ave.	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
DELLA E. MATHIAS	none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female white widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH	
	21-1 CERTIFY that death occurred on the date above stated: that Lattended deceased from	
6.(b) Name of husband or wifeJohn W. Mathias	January 10 1945 10 Dec 20 1948,	
7. Birth date of	and that I tast saw h kan alive on Dec 20 19 48	
deceased (mo., day, yr.) March 31, 1860	Immediate_rause of death	
8. AGE: Years   Months   Days   If less than one day	Carcinoma Breat 4 years	
88 8 19hrsmin.		
9. BirthplaceHoward Co. Md. (Town, county, and state)  10. Usual occupationRetired Housewife	Due to Malastans la Lever, lungs  Due to	
11. Industry or business		
12. Name James Foreman  13. Birthplace Pa	Other conditions Can diay Dullane 30 mus	
In Maiden name Susannah Helterbridal		
15. Birthpiace Pa,	Major findings of operations.  Date of op.	
16. InformantMrRaymondE. Lindsay	Autopsy results	
Address 3125 McComas Ave., Kensington, Md.	22. VIOLENCE: tf death was due to external causes, flil in the following;	
17. Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematoryBurtonsvilleUnionCemetery	Where did injury occur?	
Location Burtonsville, Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Mariner E. Mumphrey	Means of Injury Injured at work?	
Address Silver Spring, Md.	23. SIGNATURE GOTTO COLOR TOP	
(Date rec'd by registrar) 19 Y 8 Josephen 11 Pohaceff	Address 937 Bornfal & Date signed 2720/48	



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PLAINLY, WITH UNFADING INK. Supply every item of information careful. The cise especially important. Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

922

CERTIFICAT	Reg. Diat. No.
Clayor town.  City or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County Montgament  County Montgament  City or town deceased town limits, write BURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Mrs Helen Hayden May 4. Sex   5. Color or race   6.(a) Single, married widowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
F. W. Widowed	20. DATE OF DEATH. Dec 25 1848 at 730 Am
6.(b) Name of husband or wife	21. I CERTIFY that heath occurred on the date above stated; that Lattended deceased from 19.4% to 0.000 19.4% and that I last sty h. C
7. Birth date of deceased (mo., day, yr.)	Immediate cause of death failure 6 mos.
9. Birthplace Rochester Mine (Town, county, and state)  10. Usual occupation House wife	Due to Chr. mys cardetes hyportension Elyans Due to Chr. Valural plant resian years
11. Industry or business  12. Name Win Richard Sou  13. Birthplace England	Other conditions
14. Maiden name Mary Victoire Evans Hayden  15. Birthplace Ellicott bity, md	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant miss Lucy mackrille	Autopsy resulta
Address  17. (Burial, eremetion, or removal, Which?)  Date thereof (month), (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Vallage 19, 4	Where did Injury occur?
18. Funeral director MNL S. The Strain Con-	Means of Injury Injured at work?
19. /2-25 19.48 W.E. Bea. (Date rec'd by registrar) Registrar	Addre COOL N wasa W Nev Date signed 55-1948.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# Reg. Dist. No. 218

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Fur pewhorn infants give residence of mother)  State		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME William McBain	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH		
6.(b) Name of husband or wite Orra A. McBain  6.(c) II alive, give age 69ears  7. Birth date of deceased (mo., day, yr.)  Mar 5th 1869  8. AGE: Years Months Days II less than one day  79 9 14 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from  19.4.2. to Dec. 19.19.4.8.  and that I last saw how alive on the same and the same		
9. Birthplace	Due to Mysearling maters sufficients  Due to Mysearling many persons  Dther conditions		
13. Birthplace Scottland  14. Maiden name Mary Gordon  Scottland  15. Birthplace	(Include pregnancy within 3 months of death)  Major fiadings of operations		
Address Gaithersburg Md,  Burial 12/22/48  (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)  Cemetery or crematory ForedstOak Cemetery  Location Gaithersburg Md,  1B Funeral director Ernest C. Gartner  Address Gaithersburg Md,  19 Address Gaithersburg Md,  19 Chate rec'd by registrar)  Registrar  Registrar	Actopsy resolts PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: tl death was due to external causes, fill in the following; Accident, suicide, or homicide		



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



### CERTIFICATE OF DEATH

Box Dist No 215

			CERTIFICA	TE OF BLATTI	Rog. Dist. No.	4.L5	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOM	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)		
County			Maryland URAL and give nearest town) S	State Dist-Columbia County  City or town Washington  (If outside city or town limits, write RURAL and give nearest town)  Streel No. 441 Kings Courts  (If rural, give LOCATION)		nearest town)	
		4 day	S	2.(a) If veteran, name war	ld War 2	X	
3. (a) FULL NAI		H, Rob	ert Edgar		3. (b) Social Securit	ty Number	
4. Sex Male	5. Cotor or race Negro		e, married, widowed, or divorced dowed	MEDICA  20. DATE OF DEATH 24. DECE	L CERTIFICATION  mber 19 48	3 a 1215P a	
6.(b) Name of husban D6.C.O.A 7. Birth date of deceased (mo., day	sed	6.(	redith yea	21. I CERTIFY that death occurred on the last saw h 1. M alive on	10.12-24- 12-24-48	4819	
8. AGE: Yea 36		Days 21	If less than one day	Immediate ause of death	s), acute		
10. Usual occupation	Chef	•••••		Due to			
	ess Pri						
12. Name Ed	lward Mer		ceased	Other conditions Sychus	is, Toxic	2 days	
				(Include pregnancy wi			
16. Informant Sig	14. Maiden name Lannie Lewis 15. Birthplace Virginia deceased 16. Informant Sister: Ethel Campbell						
17. Buria (Burial, crematic	on, or removal. Which	Date then	(month) (day) (year)	22. VIOLENCE: If death was due to exte	ernal causes, fill in the following;		
1B. Funeral director.	Henry Sol	Washir	gton (H.M.W.)	Injured at home, farm, industry, public pl	Injured at work?		
191224 (Date rec'd by 1	-4819	Mary	C. Patterson	23. SIGNATURE V.E.LOWI		D. or other od 12-24-48	

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2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg.			40		K
Reg.	Dist.	No.	/	8	/

	Neg. Dist. 10imman.mm
1. PLACE OF DEATH: County County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother)
City or town	State Many and County County City or town file outside city or town limits, write MCRAL and give nearest town)
Respital, Institution, or street address where death occurred:	Street No. 2 9 0 8 W Sad Stock CLEC (if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
a. (a) FULL NAME Adolph Me	ssitte 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Slogie, married, widowed, or divorced  Wake White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH. FILE COMPANY 1948, at 9
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Local - 2, 1879	and that I last saw h Asex alive on Attachment 15 19 4
8. AGE: Years Mooths Day's If less than one dayhrs	- Someway
9. Birthplace	Due to listlick de sullisentus, blast filliales sullis
10. Usual occupation	Due to.
12. Name Juel messitte	Other conditions
13. Birthplace Value  14. Malden name unknown	(Include pregnancy within 8 months of death)  Major findings of operations.
14. Maiden name. Constanting 15. Birthplace Paland.	
16. Informant Jelde B. Messite Address 4613 De Russes Phuse n. C.	Autopsy results
17. (Burial, cremation, or removal, Which)  Date freeod. (2/12/48) (pronth) (say) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Where did lojury occur?
Location New Yark, Diry 18. Funeral director D. Daugersky & Sole	Injured at home, farm, Industry, public place (where?)
Address 3501-14 Estern Wash. W.C.	23. SIGNATURE Seeself To Manifold M.D.
19. Dee V 19 V 8 Josephe on Ochan	M. D. or other

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CERTIFICATE OF DEATH

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#### CERTIFICATE OF DEATH

eg. Dist. No.

CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County	Street No. 5905 Night	County Monday ive nearest town wive give LOCATION)
3.(a) FULL NAME Ellsworth M. Met	calf	3. (b) Social Security Number
4. Sex M. S. Color or race 6.(a) Single, married, widowed, or divorced Widowed.	20. DATE DF DEATH. SECULIA	bu 15 1948 17:24/
6.(b) Name of husband- or wife Carrie Annanda.  6.(c) It alive, give age year deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)	and that t last saw h	Dec. 15 1940
8. AGE: Years   Months   Days   tiless than one day   hrs. min   h	Immediaie copie of doub.	egelena / da
10. Usual occupation Retined  11. Industry or business Farmer.	Due to Larcinoms	. of bladder 3 yr
12. Name VIII am H. Metcalt.  13. Birthplace Unknown.  14. Malden name Elizabeth Sargent.  15. Birthplace Unknown.	Other conditions	
16. Informant/1/25. Alta L. Mainwaring	Autopsy results	Date of op
Address 5905 Wynnwood Rd, Wood Acres  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory. CUPACC, ILL.	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	nal causes, fill in the following:  Date of
Location WM C6222 beaute Cc2	Injured at home, farm, Industry, public pla Means of Injury	
18. Funeral director 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	23. SIGNATURE F.M. 9. Address 4620.36 St.	Welesny M. D. John J.

ADING INK. Supply every item of information Physicians: please write the causes of death cle

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DEC 18 1948
BUREAU V. A.

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) O	F DECEASED:	
County Mont	gomery					
City or town Beth	esda, Ru	ral, Maryland	}	State Virginia Con		
		days		City or town Alexandria (If outside city or town limit	s. write RURAL and give nea	rest town)
How long in above place Hospital, Institution, or	street address where	death occurred:		Street No. 108 Reed Aven		
U S Nava	1 Hospit	al	***************************************	(lf rurai, give	LOCATION)	
		days		2.(a) It veteran, name war Wotld W	ar l	
3. (a) FULL NAMI	TCHELL,	Jack David			3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, o	or divorced	MEDICAL C	ERTIFICATION	215
Male	White	Married		20, DATE OF DEATH 24 Decembe	r 19.48	
6.(b) Name of husband	or witeHele	n Mitchell	· &·	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended dece	ased from
7. Birth date of			years	and that I tast saw h 1 m ative on 24		
deceased (mo., day, y	(c) 4-11-	1896		Immediate cause of death		DURATION
8. AGE: Years		Days if less than one o	day	Thrombosis Corona	ry / C	Hours
52	8 8	13hrs.	min.			
9. Birthplace	rth Caro	lina Figure 2		Due to Coronary Heart	Disease	Indef
18 House accumation	Steroty	pist		Arteriosclerotic	,,	Tuder
		gton Post		Due to		***************************************
		ell		Biber conditions		
12. Name .F. P. S.		see deceased		Biner conditions		
oc   13. Birtinplace	Annie	Volman		(Include pregnancy within 3		
14. Malden name.	Aunta	Valmer		Major findings of operations		0
15. Birthplace	Tennes	see deceas			Date of op	
14. Malden name. 15. Birthplace 16. Informant. W.1.1	e: Helen	Mitchell		Autopsy results Confirmed	above	
Address 108	Reed Av	e, Alexandria	. Va.	PHYSICIAN: Please underline the cause to w		statistically.
				22. VIOLENCE: If death was due to external ca		
(Burial, cremation	or removal. Which?	Date thereot12_30	day) (yeur)	Accident, suicide, or homicide		
Cemetery or cremate	Arling	ton National		Where did injury occur?(City or town)	(County)	(State)
Location AT	lington	Virginia		Injured at home, farm, Industry, public place (	where?)	
		ers J. D	7.	Msans of Injury	Injured at work?	
		St. NW. Washing	gton, DC	H.F. COOPER	LT MC USN	
19. 12-24-4 (Date rec'd by re	18 19	Mary C. Patt	erson	23. SIGNATURE  Address U.S.Naval Hosp		or other
(Date rec'd by re	gistrar)	Registrar	Registrar	Address		

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DEC 29 1948
BURBAU V. S.

NAME OF THE TRUTH PARK OF STATE AND ADDRESS.

2411 N. Charles St., Baltimore

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	ATE OF DEATH Reg. Dist. No. 216
1. PLACE OF DEATH:  County	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (Ror newhorn infants give residence of mother)  State. MATY ANC County MON ADMENG  City or town  (If outside city or town limits, write MURAL and give negrest town)  Street No. 5.07 AVA  (If rural, give LOCATION)  2.(a) If veteran, name war.
Harold Morgan	3. (b) Social Security Number
Male white Single  Male white Single	MEDICAL CERTIFICATION  28. DATE OF DEATH OLD 19 48 21 11 6.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  4 9 8 5	Immediate cause of death DURATION
9. Birihplace Spring field mass.  10. Usual occupation Mechanic	Due to Nypertinus Cardinarius
11. Industry or business    12. Name   Reslie Morgan   13. Birthplace Springfield Mass	Diher conditions
14. Maiden name Puth McKenstrie 15. Birthplace Spring field, Mass	Major findings of operations.
15. Informant Cawvil Payne frie	
Address Dennis Coe - 6, 1, 5p, Md  17. Surial (Burial, cremation, or removal, Which?)  Cemetery or crematory Cahward Cemeley  Cemeley or crematory	22. VIOLENCE: tf death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Falls Church Va.	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director	23. SIGNATURE Same & Boyland M. D. or other market Address fulfulm & spital Date signed 12-2-48

PLAINLY, WINE UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED PLEASE WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

12664

Reg. Diat. No......

I. PLACE OF DE	Montgome	ry		2. USUAI. RESIDENCE (HOM (For pewhorn infants give resident)	1E) OF DECEASED:	
City or town(If  How long in above place	Betneso outside city or town te of death?	imits, write R 1 month	al) WRAL and give nearest town) 1, 21 days	State	on limits, write RURAL and give	nearest town)
US Nav	r street address where al Hospita	1. Beth	nesda, Md. onth, 21 days	Sireel No. 1726 S. Stree (Ifrur 2.(a) if veteran, name war.	ol, give LOCATION)	
3. (a) FULL NAM	1E		James Avery	Z.(U) 13 reterally name wal	3. (b) Social Secur	ily Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICA	AL CERTIFICATION	
male	Negro	1	married	20, DATE DF DEATH. Decemb	per 23	8 , 9:48P
6.(b) Name of husband 7. Birth date of deceased (mo., day.	7		tha L. Nettles  c) If alive, give age	21. I CERTIFY that death occurred on the 2 November and that I last saw h	date above stated; 1ha1 Lattended 19.48 23 Dec 23 Decembe	r 19 40
8. AGE: Year	rs Months	Days 1.3	tf less than one day	Immediate cause of death	arlure	DURATION
9. Birthplace	Cook Ra ETTLES, Ro	silroad bert	dec.	Due to		
14. Maiden name	S.(	Nancy	dec.	Major findings of operations	ithin 3 months of death)  Date of op.	
	FE: Mrs.		L. Nettles	Antopsy results		ged statistically.
17. buri a	n, or removal. Which	Date ther	eof	22. VIOLENCE: If death was due to ext  Accident, suicide, or homicide		
			ational	Where did injury occur?(City or		(State)
	Mossx W. I		Jarvis	Meens of Injury	Injured at work?	
	32 U St. N.	.W.,Was	7700		TERY, It. JG MC	USN
19. 12-2			Mary C. Patters	IISNH Bethesda	a, Md. Date sig	12-24-48

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2411 N. Charles St., Baltimore

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	1	13	1	3	1
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# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in above place of death?	City or town. SLLVER SPAING (If outside city or town limits, write RURAL and give nearest town)  Street No. 1919. Big ROCK ROAD (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  MARY  ELIZA  NI	COLL 3. (b) Social Security Number
FEMALE WHITE. WID OWED	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19 48 21 / 40 A
8.(b) Name of husband or wife CLYDE CLARENCE NICOLL  TULY 9 1884 5.(c) If alive, give age years 7. Birth dele of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  Nov. 29 19 48, to All. 9 19 48  and that I last saw h
8. AGE: Years Months Days If less than one day  5 / 0hrsmin.	Immediate gose of death Cerebral Hemourhage 6 his
9. Birthplace PINEWOOD (Town, county, and state)  1D. Usual occupation	Due to Servelyed actives choses and hypertension
11. Industry or business  12. Name JOHH. WALKER. DUNCAN  13. Birthplace TENN.	Other conditions
14. Maiden name MARY ALICE HARMAN.  15. Birthplace TENN.	(Include pregnancy within 3 months of death)  Major fiediogs of operations
16. Informant CLYDE DUNCAN NICOLL Address 10109 BIG ROCK ROAD.	Actorsy resolts.  PHYSICIAN: Please coderline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?)  Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory HOLLY WOOD CEMETARY	Where did Injury occur?
Location TACKSON TENN.  18. Funeral director SHF S. H. HINES CO	Injured at home, farm, industry, public place (where?)  Misens of Injury  Injured at work?
18. Funeral director JHF S. H. HINES CO.  Address 2901 14th St. N. W. WASHINGTON D.C.	John E. Everett Wes
19. Date rec'd by registrar)  (Date rec'd by registrar)	23. SIGNATURE. M. D. or other  Address. 6304 14th 4. W.W Date signed 12/14/48

RESERVED FOR BINDING MARGIN NFADING INK. Supply every item of information carefulation Physicians: please write the causes of death clearly and

PLAINLY, WITH ONF is especially important.

age

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correct age

ADING INK. Supply every item of information careful. Physicians: please write the causes of death clearly and

Important.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1640

# CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

					T. OF PECELOTS	
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOM) (For newborn infants give residen	E) OF DECEASED:	
County	Monty	meny.	***************************************	Slate Maryland		
City or town	ens for	imita valita il	URAL and give nearest town)		•	***************************************
	- /		Owners with Rive dewiese fowll)	City or town Kensington	limits, write RURAL and give near	est town)
How long in above place Hospital, institution, or			:	Street No. 71 Decatur S	t.	eot town,
	200			Street No.'(If rurn)	l, give LOCATION)	
How tong in hospital or	e Inetitution?			2.(a) If veteran, name warW. W		
			***************************************	and a state of the		
3. (a) FULL NAM	Da	1			3. (b) Social Security N	
	Robert	4	eroy Non	is	215-20- 34	70
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICA	L CERTIFICATION	
Male	White	Sin	ngle	20. DATE OF DEATH.	24 144	JA 'An P
6.(b) Name of husband	or wife	ıe		21. I CERTIEY that death occurred on the d		
			e) If allve, give ageyes	Def med	the car	19
7. Birth date of				and that I last saw halive on		19
	yr.) October s Months	Days	1 If less than one day	Immediate cause of death		DURATION
8. AGE: Years	s months	nays	ti less than one day			
23 23	3 2	17	hrsm	" Shot gran Won	my Home steels	and
a stabels Kens	sington	Montg	omery, Marylan	nd Due to		Trans
9. orringiacux.	(Town	county, and s	tate)			
1D. Usual occupation.	Sheet me	etal we	orker	Pue te		
11. Industry or busines				Due to		
		mia				
lead .				Dther conditions		
	Rockville			(Include pregnancy wit	thin 3 months of death)	
14. Maiden name	Daisy H.	Cris	<u>t</u>	Major findings of operations		
E Is BirthalacaN 6	elson Co.	Virg	inia	Major indings of operations	Pole of an	
					Date of op.	,,
16. Informan IIIS	Dalsy No	orris		Antopsy results	a to which death should be charged a	tatistically.
Address 71 I	Decatur S	St.Ken	sington, Md.			
			Jan.5,1949 (month) (day) (year)	22. VIOLENCE: If death was due to exter		20.44
(Burial, cremation	n, or removal, Which	. Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	Arlingto	n Nat	ional Cemeter	Whera did Injury occur? (City or t	town (County)	(State)
	-			tnjured at home, farm, Industry, public pla	acal (where?) home	
	ington, I					1_09
18. Funeral direct	m Reuben	Pumpl	erey Tuneral Hon	Means of Injury Shot gra	Injured at work?	20 1
	nesda, Ma			trank 4.	Browhart 1.	1,0
Address DC01	A Pie	ar y rain	hood	23. SIGNATURE	ud Exam	e other
19 1-1-	4 7 19		01,2. Joor			
(Date rec'd by re	egistrar)		Registr	ar Address Lasthers her	Date signed.	A 5/ - X



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

-		21	5

3. (b) Social Security Number

1. PLACE OF DEA				2. USUAI. RESIDENCE (HOME) OF DEC (For newborn infants give residence of mother	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside eity or town limits, write RURAL and give nearest town)			State Maryland County	12.0			
(If o	utsida eity or town li	mits, write R	URAL and give nearest town)	City or town			
How long in above place	ol death?	40 da;	<b>7.5</b>	(If outside city or town limits, write	RURAL and give		
Hospital, Institution, or				Street No. 1319 57th Street			
			*****	(If rural, give LOCA'	TION)		
How long in hospital or	Institution?	40 da	y s	2.(a) Il veteran. hame war Spanish A	merican		
3. (a) FULL NAME				. 3.(	(b) Social Secu		
	OSBORN	, Jol	nn Robert				
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTI	FICATION		
Male	White	W.	ldowed	20, DATE DE DEATH 23 December	4		
				21. I CERTIFY that death occurred on the date above state			
6.(6) Name of husband	or wife		••••••••••••••••••	13 November 19.48			
	*************		:) Il alive, give ageye				
7. Birth date of deceased (mo., day, y	3-24	-76		and that I last saw h I Malive on 23 Dec.e.			
8. AGE: Years		Days	It less than one day	Immediate cause ut deathe Preum			
7	2 8	29	hrsп				
70		-6 0-	landa da	Due to Coranary He	a. L		
9. Birthplace	Town,	eounty, and	lumbia	Due to disease			
					- / /		
11. Industry or business				Due 10	sacrany.		
the second secon		Oghor	1				
	Maryland			Dther conditions			
			2360	(Include pregnancy within 3 months	of death)		
	Liza S			Major findings al aperations	,		
E 15. Birthplace	Maryland	de	ceased	•			
			born				
				PHYSICIAN: Please underline the cause tu which de-			
Address 1319	57th Av		llside, Md	22. VIOLENCE: 11 death was due to external causes, IIII	in the following:		
17. Buria	1	Date ther	12-24-48	Accident, suicide, or homicide			
			(month) (day) (year)				
Cemetery or cremato	ry		***************************************	Where did Injury occur? (City or town)	(County)		
LocationSu	itland,	Meryl	and	Injured at home, larm, industry, public place (where?)			
t8. Funeral director	Robert M	attin	g1 w. J. h	Moans of injury Stiphen R. Mil	Injured at work?		
		S.E. 1	Washington D.	C. Stephen R. Wills,	I.t. JCHC		
		many	a. Calllern	23. SIGNATURE	T/A		
19. 12-23 (Data rec'd by rec	-48 t9	Maryi	C. Patterson Registr	u S Naval Hospital			

ADING INK. Supply every item of i Physicians: please write the causes

PLAINI is especie

WRITE

PLEASE

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MEDICAL CERTIFICATION	N
20, DATE DE DEATH 23 December 15	48 1 150
21. I CERTIFY that death occurred on the date above stated; that I atten 13 November 1948 to 23 1 and that I last saw h 1 Malive on 23 December	December 4
Immediate cause ul deathe. Hypostalic Incumania	
Due 10. Commany Heart  Due 10. Generalized asteria	
Due 10. Generalized asterio	<i>J-</i>
Other conditions  (Include pregnancy within 3 months of death)	
Msjor findings al aperations	
Autupsy results	
22. VIOLENCE: 11 death was due to external causes, IIII in the followin	
Where did injury occur?	
Injured at home, larm, todustry, pub <sup>11</sup> c place (where?)	
Means of injury Stiphen R. Mills J	ork?
23. SIGNATURE Stephen R. Mills , LtJCMC	USN

(If outside city or town limits, write RURAL and give nearest town)



PLEASE WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

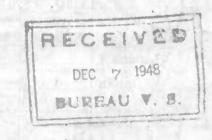
2411 N. Charles St., Baltimore

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12668

#### CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slete
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US married	20. OATE OF DEATH December 5 19 48 , 21 7:20 A
S.(b) Name of husbend or wife.  Elizabeth Owen  6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  23 March  1948  10 5 December  19 48  and that I last sew h m. elive on  5 December  19 48  Immediate cause of death  Due to Appeller and Conference Conference  Due to Appeller and Conference Conference  3 years
11. Industry or business	Oue to
12. Name OWEN, Thomas M.  13. Birthplace Ala.	Other conditions (Include programey within 3 months of death)
14. Malden name BANKHEAD, Marie  15. Birthplace  Ala.	Major fiediogs of eperations. Name
16. Informant wife: Mrs. Elizabeth Owen Address 3901 Connecticut Avenue, N.W., Wash., D.	Actopsy results. A
burial Removal thereof Del 5.1948  (Burial cremation, or removal Which?)  Cemelery or cremetory  Oakridge Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Montgomery, Ala.	Injured at home, ferm, Industry, public piece (where?)
18 Funeral director	23. SIGNATURE MESSERSCHMIDT, Gr., Dit. JG
19. 12-5- 19. 48 Mary C. Pattersonkegistrar	M. D. or oth C USNI Address USNH Bethesda, Md. Oete signed 2-5-18



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7. 8.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

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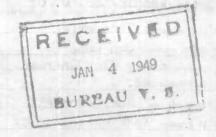
N.	Charles	St.,	Battimore	
	Caron too		Distriction	

742

12669

#### CERTIFICATE OF DEATH

I. PLACE OF DEATH: County. Montgomery.  City or town. Chevy. Chase. City or town Entities, write RURAL and give request town)  Bow long in above place of death?  State. Maryland  County. Montgomery.  City or town Chevy. Chase. (If outside five realdence of mother)  State. Maryland  County. Montgomery.  City or town Chevy. Chase. (If outside five rouse limits, write RURAL and give nearest town)  Bior long in above place of death?  State. Maryland  County. Chase. (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits, write RURAL and give nearest town)  Street No. 9. West Lenox. Street.  (If outside five rouse limits.  (If outside five rouse l	CERTIFICATI	Reg. Dist. No.
County. Montgoriery.  City or town. Chevy. Chase (If outside Mry or town limits, write RURAL and give nearest town)  How long in above place of death?.  Street No. 9. West Lenox Street  Street No. 9. West Lenox Street  (If rural, give LOCATION)  Street No. 9. West Lenox Street  (If rural, give LOCATION)  2.(a) If releran, name war  3. (b) Social Security Number  MARY LOIS PASCHAL  4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  White Widowed  6. (b) Hame of husband or wife. Samuel Scoville Paschal  7. Birth date of decased (mo., day, vr.) Jan. 5, 1875  8. AGE: Years Months Days If less than one day  73 11 21 Ars. min.  9. Birthplace Washington, D. C. (town, county, and wtate)  10. Usual occupation. Housewife  11. Industry or business Own Home  12. Hams. Henry Clay Sherman  Dither conditions  Dither conditions  Since Maryland County Montgoriery  City or town. Chevy. Chase (If outside city or town limits, write RURAL and give nearest town)  Street No. 9. West Lenox Street  (If rural, give LOCATION)  2.(a) If releran, name war  3. (b) Social Security Number  MEDICAL CERTIFICATION  20. Date DF Beath Darrier in the death occurred on the date above pizeds; that I attended deceased from  21. ISERTIFF that death occurred on the date above pizeds; that I attended deceased from  21. Inmediate cause of death.  Duration  Duration  Duration  Duration  Direct conditions  Direct condition city or town limits, write RURAL and give nearest town)  Street No. 9. West		2. USUAL RESIDENCE (HOME) OF DECEASED:
(If obtaide bity or town limits, write RURAL and give nearest town)  How long in above piace of death?  How long in above piace of death?  9. West Lenox Street  9. West Lenox Street  10. West Lenox Street  11. Industry or business Own Home  12. Hame. Henry Clay Sherman  13. (B) Forman  14. Sex (If outside city or town limits, write RURAL and give nearest town)  15. Street No. 9. West Lenox Street  16. (G) Single, married, widowed, or divorced  17. Birth date of deceased (mo., day, vr.) Jan. 5, 1875  18. AGE: Tears Months Days If less than one day  19. Mean of husband or wife. Samuel Scoville Paschal  10. Usual occupation. Housewife  10. Usual occupation. Housewife  11. Industry or business Own Home  12. Hame. Henry Clay Sherman  13. Birth place Mid.	county Montgomery	
Hospital, institution, or street address where death occurred:  9. West Lenox Street  9. (If raral, give LOCATION)  10. Veteran, name war  10. (If raral, give LOCATION)  10. Veteran, name war  10. Social Security Number  10. Date of Death D	City or townChevy. Chase	
9 West Lenox Street  (If rural, give LOGATION)  2.(a) If veleran, name war  3. (b) Social Security Number  MARY LOIS PASCHAL  4. Sex   S. Color or race   6.(a) Single, married, widowed, or divorced  MEDICAL CERTIFICATION  2. (a) If veleran, name war  MEDICAL CERTIFICATION  2. (b) Name of husband or wife. Samuel Scoville Paschal  3. (c) If alive, give age	Hospital, institution, or street address where death occurred:	
Note the long in hospital or institution?  3. (a) FULL NAME  MARY LOIS PASCHAL  4. Sex   S. Color or race   6. (a) Single, married, wildowed, or divorced   MEDICAL CERTIFICATION    1. Set   S. Color or race   6. (a) Single, married, wildowed   MEDICAL CERTIFICATION    20. DATE OF DEATH   December   29   19   19   19   19   19   19   19		
3. (a) FULL NAME  MARY LOIS PASCHAL  4. Sex   S. Color or race   S. (a) Single, married, widowed, or divorced   MEDICAL CERTIFICATION    female   White   Widowed   20, Date DF DEATH   21. I CERTIFY that death occurred on the date above stated; that I attended deceased from    7. Birth date of   S. (c) If alive, give age   Years   Months   Days   If less than one day    73   11   21   Mars   Months   Mars   Mars    8. Birthplace   Washington   D. C. (Cowa, county, and state)    10. Usual occupation   Housewife   Due to    11. Industry or business Own Home   Dither conditions    12. Hams   Henry   Clay   Sherman   Dither conditions    13. Birthplace   Md   Birthplace   Md   Birthplace   Md    14. Birthplace   Md   Birthplace   Md   Birthplace   Md    15. Double to   Company   Clay   C		
MARY LOIS PASCHAL  8. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced   MEDICAL CERTIFICATION    6. (b) Name of husband or wife   Samuel   Scoville   Paschal    7. Birth date of deceased (mo., day, yr.)   Jan. 5, 1875    8. AGE: Tears   Months   Days   If less than one day    73   11   21   hrs. min.  9. Birthplace   Washington, D. C. (Town, county, and state)    10. Usual occupation.   Housewife    11. Industry or business Own   Home    12. Hame   Henry Clay   Sherman    13. Birthplace   Mid.    14. Birthplace   Mid.    15. Color or race   6. (a) Single, married, widowed, or divorced   MEDICAL CERTIFICATION    20. DATE DF DEATH   December   29   19   45   10   10    21. I CERTIFY that death occurred on the date above stated; that I attended deceased from    21. I CERTIFY that death occurred on the date above stated; that I attended deceased from    21. I CERTIFY that death occurred on the date above stated; that I attended deceased from    22. DATE DF DEATH   December   29   19   45   10    23. DATE DF DEATH   December   29   19   45   10    24. Lamber   10   10   10    25. Lamber   10   10   10    26. Lamber   10   10   10    27. Lamber   10   10    28. Lamber   10   10    29. DATE DF DEATH   December   29   19   45    21. I CERTIFICATION    20. DATE DF DEATH   December   29   19   45    21. I CERTIFICATION    21. I CERTIFY that death occurred on the date above stated; that I attended deceased from    20. DATE DF DEATH   December   29   19   45    21. I CERTIFY that death occurred on the date above stated; that I attended deceased from    21. I CERTIFY that death occurred on the date above stated; that I attended deceased from    22. DATE DF DEATH   December   29   19   45    23. Lamber   29   19   45   19    24. Lamber   29   19   45    25. Lamber   29   19   45    26. Lamber   29   19   45    27. Lamber   29   19   45    28. Lamber   29   19   45    29. Lamber   29   19   45    20. DATE DF DEATH   December   29    21. Lamber   29   19   45    22. Lamber   29   19   45    23. Lamber   2		2 (h) Social Social Number
4. Sex		
female white widowed  6.(b) Name of husband or wife. Samuel Scoville Paschal  7. Birth date of deceased (mo., day, yr.) Jan. 5, 1875  8. AGE: Years Months Days If less than one day  73 11 21 hrs. min.  9. Birthplace Washington, D. C. (Town, county, and state)  10. Usual occupation. Housewife  11. Industry or business Own Home  12. Hame Henry Clay Sherman  Other conditions.		
6.(b) Name of husband or wife. Samuel Scoville Paschal  7. Birth date of deceased (mo., day, yr.) Jan. 5, 1875  8. AGE: Years Months Days If less than one day  73   11   21   hrs. min.  9. Birthplace. Washington, D. C. (Town, county, and state)  10. Usual occupation. Housewife.  11. Industry or business Own Home  12. Hame. Henry. Clay. Sherman  13. Birthplace Md.	female white widowed	1-
8. AGE: Years Months Days If less than one day  73 11 21 hrs. min.  9. Birthplace Washington D. C. (Town, county, and state)  10. Usual occupation. Housewife  11. Industry or business Own Home  12. Hame Henry Clay Sherman  13. Birthplace Md.	6.(b) Name of husband or wife Samuel Scoville Paschal  5.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 2 1 19 48, to Dec. 29, 19 48
8. AGE: Years Months Days If less than one day  73 11 21 hrs. min.  9. Birthplace Washington, D. C. (Town, county, and state)  10. Usual occupation. Housewife  11. Industry or business Own Home  12. Hame Henry Clay Sherman  Dither conditions  Other conditions		
73   1   2   hrs. min. with sulmonary of the sulmonary of	8. AGE: Years Months Days If less than one day	0 : 0 1) : 0
9. Birthplace. Washington, D. C. (Town, county, end state)  10. Usual occupation. Housewife.  11. Industry or business Own Home  12. Hams. Henry Clay Sherman  13. Birthplace Md.	73 ]] 2],hrsmin.	ith buling and alema 2 hrs
11. Industry or business Own Home  E 12. Hame. Henry Clay Sherman  Diher conditions.	9. Birthplace. Washington, D. C. (Town, county, and state)	906 10.
12. Hame. Henry Clay Sherman Other conditions.		Oue to
12. Hame. Henry Clay Sherman   Other conditions		
14. Maiden same Sue McConnell  15. Sirthplace Washington, D. C.  (Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.	12. Hame. Henry Clay Sherman	
14. Malden name Due McConnett  15. Sirthplace Washington, D. C.  Bate of op.	5 C W-C	(Include pregnancy within 8 months of death)
2 15. Olerthoptace Washington, D. C. Date of Sp.	E 14. Maiden name DUE MCCONNELL	Major findings of operations to the service of the
	15. Birthplace Washington, D. C.	Date of Vp.
16. Informant Mrs. J. W. Jones (sister) Autopsy results	saletoma Mrs J W Jones (sistor)	Anlaner results more Isalomas
PHYSICIAN. Please underline the came to which death should be charged statistically.		PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Olney, Md.  22. VIOLENCE: If death was due to external causes, fill in the following:	Address Ulney, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Bate thereof Jan 3 1919 Accident, suicide, or homicide.  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	17. Burial Bate thereof Jan 3. 1919 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Friends! Cemetery (City or town) (County) (State)	Cometery of Grematory Friends! Cemetery	Where did injury occur?
Location Sandy Spring, Md. Injured at home, farm, industry, public place (where?)		
ts. Funeral director. Waxraar. E. Purp Shay Sac Means of Injury Injured at work?		Means of Injury Injured at work?
Address 8434 Georgia Ave., Silver Spring, Md.		
M. D. or other	NE TOBES	M. D. or other
19. Registrar Address / 135 Eya Sh M. W. Bele signed 12/34 4.	(Date rec'd by registrar) Registrar	Address 1835- Eya Sty Kw 20 Bate signed 12/34 48



Alle Carlos Selections Apparent

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,	+	67	60

2411 N. Charles St., Baftimore

13/00

12670

### CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: County MONTGOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
BETHESPA MA	State D.1 C County
(If outside city or town limits, write RURAL and give nearest town)	CHASHING TON.
How long in above place of death? 11-4-48	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where deeth occurred:	Street No.
How long In hospital or institution? SINCE - 11-4-48	2.(a) It veteren, neme wer
3.(a) FULL NAME PEGGY PIGNATA	RO 3. (b) Social Security Number
4. Sex   5. Color or rece   6.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION
FW	2D. DATE OF DEATH 17: Dec. 19.4.5. et
6.(6) Name of husband or wife JOSE poh Pignataro	21, I CERTIFY that deeth occurred on the dete above stated; that I attended deceesed from
	Selt 10 1948 10 12-17 1948
7. Birth date of	end thet (eet eew hallre on
deceesed (mo., day, yr.)  RACE. Yeers   Monthe   Days   It less than one day	Immediate cause of death. Comment DURATION
6. AGE.	with autemia secondary
10 1 28min	es alian glomente reflette 10-7-48
9. Birthplece RACINE, WISCOWSIN	Due to 2) Contact Torral the 11-30-48
MANIER	3) & Oliver Land
rg, observed	de servicial de la constante d
11. Industry or businese	discon ( )
I 12. Name	Diagramillons Chronic Management of the Control of
13. Birthplace FLINT, MICH,	(Include pregnancy within 3 months of death)
14. Maiden name MARTHA HANSON  15. Birthplace FLINT, MICH.	Major findings of operations.
\$ 15. Birthplace FLINT, MICH;	Date of of
16. Informant NUSBAND	Antopsy results.
Address 818-49th ave Capt. Highto. Mc	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Revision or removal, Which?) Dete thereof. (month) (day) (year)	22. VIOLENCE: If deeth was due to externel ceuses, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, euiclide, or homicide
Cemetery or cremetory	Where did injury occur?
Location Primer Mer. Co. Mak.	Injured et home, ferm, industry, public place (where?)
18. Funerel director Chambers. Co	Meene of Injury Injury et work?
Address 517. 11-87 88. Wosh. D.C.	0,0/
Address	23. SIGNATURE Challen & Mary Charles
19. 12 - 18 48 WE beg (Date rec'd by registrar) Registra	11 (1) Com Can No West D.C.
(Date rec'd by registrar) Registra	Address Land Bergined



DEC 27 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

4800

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# CERTIFICATE OF DEATH

Reg. Diat. No. 2/6

1. PLACE OF DEATH: / County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Many and County Many Grandery
(If outside city or town limits, write NURAL and give nearest town)  How long in above place of death?	City or town
Hospital, institution, or stopt address whose death occurred:	Street No. 2.3 A Classification (If rural, give LOCATION)
10-1009	
Mus- alice Porter	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white widow	20. DATE DE DEATH Dec - 3, 19 48 at 10 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Och - 10, 1882 -	and that I last eaw h. L.D. alive on
8. AGE: Years Months Days It less than one day	Gardiac failure 2 34 les
9. Birthplace Qusting Teyas	Due to Matastatic Carcinana
1D. Usual occupation	Bue to Carcinoma of service 2/1/2
11. Industry or business	
12. Name	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
	2 to 1 on a large of op.
16. Informant Mrs. B. J. Cleaves (daugh	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
Address Same	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. Burial Date thereot Dec. 3/48 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Belleview. Cemetery.	Where did Injury occur?
Location Danville, Kentucky	Injured at home, farm, Industry gublic place (where?)
18. Funeral directoff Turken Complexity	means of injury injured at works
Address 7557 Wis.Ave., Bethesda, Md.	- 23. SIGNATURE Matharine a Chapman Was
19. 12-4 1948 WE Jobla	20 West Baltimore of V Con 3.19

MARGIN RESERVED FOR BINDING

WRITE

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BUREAU Y. S.

2411 N. Charles St., Baltimore

Rockville
(If outside city or town limits, write RURAL and give nearest town)

Reg. Dist. No.....

#### correct g CERTIFICATE OF DEATH 1. PLACE OF DEATH: \* 2. USUAL RESIDENCE (HOME) OF DECEASED: (For personal infants give residence of mother) information careful I he of death clearly and legibly Montgomerv State Paryland county Montgomery How long in above place of death? ..... Hospital, institution, or street address where death occurred: Street No. 300 West Nontgomery Ave., Suburban Hospital 3. (a) FULL NAME William Reuben Pumphrev 4. Sex item of i BINDING Married Male White Irene Pumphrey .6.(c) if alive, give age ......year FOR T. Rirth date of deceased (mo., day, yr.) June ADING INK. Supply Physicians: please wr If less than one day 8. AGE: Months MARGIN RESERVED uneral Director-Mortician Funeral Home t1 Industry or business Vm Reuben Fumphrev, Sr. 12. Name.... 13. Birthplace 14. Maiden na 15. Birthplace 14 Maiden name ..... Montg. Md. Robert A. Pumphrey 7557 Wisconsin Ave., Bethesda Address Date thereof.....De.c. 8. 1918 (month) (day) (year) Burial (Burial, cremation, or removal, Which?) Cometery or crematory Rockville Union EASE Wisconsin

(Date rec'd by registrar)

*************	2.(a) If veteran name war		
		3. (b) Social Security	Number
rev		· No	
ced	MEDICAL	CERTIFICATION	
	20. DATE OF DEATH 5 DOC	19.48	at 10120
years	21. I CERTIFY that death occurred on the date	19 47 10 5 Dee	
	Immediate cause of death	Combais	2 day
min.			
rylan	doue to Nepperleus	ui.	10 gro
c.i.an	Due 10		***************************************
,	Other conditions		
	(Include pregnancy within	3 months of death)	
	Major findings of operations		
C/ 100		Dale of op	**********
sda	Autupsy results	which death should be charged	statistically.
01.0	22. VIOLENCE: If death was due to external	causes, fill in the following:	
QLS (year)	Accident, suicide, or homicide		
	Where did Injury occur?(City or town		(State)
·····	Injured at home, farm, Industry, public place	(where?)	
	Suppose niury	Injured at work?	
of Controlled	23. SIGNATURE 108 Mus	rely W	D
Regulation	Rodnillo	Such Date signed	5 Dec 4
vocitioning; (	Address	uate signed :	

1748-12-23

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MAKTLAND	SIAIL	DEPARTMENT	Or	HP.AL.	ł

2411 N. Charles St., Baltimore

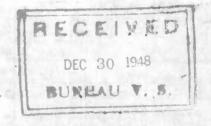
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12673

# CERTIFICATE OF DEATH

Reg. Dist. No. ...215...

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother)
Bethesda (rural)	State Masyland County PG
(If outside city or town limits, write RURAL and give nearest town)	Cottage City
How long in above place of death? 9 months, 3 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 3705 40th Avenue
US Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)
How long in hospital or institution? 9 months, 3 days	2.(a) If veleran, name war
3.(a) FULL NAME RAY, James Earl	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US married	20. DATE OF DEATH. 27 December 1948 at 9:35 Pa
6.(6) Name of husband or wife Alice B. Ray	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A (A M )	24 March 19 48 10 27 December, 48
7. Birth date of Tanana 20 7 800	and that I last saw h im alive on 27 December 18 48
deceased (mo., day, yr.) JUNE 22, 1000	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Friedlander Tommonia 8 mg.
60 6 5hrs.	min.
9. Birthpiace	Oue 10
10. Usual occupation Auto Mechanic	Oue to
11. Industry or business	
12 Name RAY, James H. dec.	Other conditions
13. Birthplace N.C.	
De los distribues	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace N.C.	Date of op
16 Informant WIFE: Mrs. Alice B. Ray	Addopty results of ridlanders Pourmonia Glennia
Address 3705 40th Avenue, Cottage City, Md	DIVERSIAN DI I attachta and an autich death should be choused statistically
17. burial (Burial, eremation, or removal, Which?)  Date thereof. (1-31-48) (month) (day) (year	Accident, suicide, or homicide
Cemetery or crematory Arlington National	Where did injury occur?
Location Arlington, Va.	Injured at home, farm, Industry, public place (where?)
18 Funeral director Wm. J. Nalley M. J.	Means of injury Injured at work?
Address 3200 Rhode Island Avenue, Mt.Rain	an alantyuur la 116 August la 117 August la
19. 12-28- 19. 48 Mary C. Patterson Reg	D. E. BILLMAN, Lt. MSC USN. D. or other
(Date ree'd by registrar) 19 40 Mary C. Patterson Reg	Address USNHBethesda, Md. Date signed 12-28-48



4	0	1	14	1
1	4	()	6	L

Street No. C/o Mrs. C. R. Bal	ker, 3511 Davenport St.
2.(a) if veteran, name war	
	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
20, DATE DE DEATH 30 December	r 1948 at 817p a
21. I CERTIFY that death occurred on the date above 20. December 1940 and that I last saw h 1. M. alive on 30. D	e stated; that I attended deceased from B
Immediate cause of death frances	Vartery
Differ conditions Tarendece  Hush Pul, edan  Alachde pregnancy within 3 m	onths of death)
Major findings of aperations Della	te Date of op. 12-27-18
22. VIOLENCE: If death was due to external cause	es, fill in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured al home, farm, Industry, public place (whe	re?)
23. SIGNATURE B.F. BAISCH I	M. D. or other
U.S. Naval Hospi	tal note sterned 12-31-48

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JAN 3 1949 BUREAU V. S.

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No ...

M. D. or other Date signed 12-24-48

County			Maryland  URAL and give hearest town)  I  Jasper Newto	State VIRSINIA County AR  City or town Arlington (If outside rity or town limits, write RU  Street No. 1526 2/2nd Street (If rural, give LOCATIO) 2.(a) It veteran, name war. Spanish Ame  3.(b)	lington RAL and give nearest to N) Pican Social Security Num	town)
				MEDICAL CERTIFI 20. DATE OF DEATH 24 December	19.48	
		6.0	c) Il alive, give agey	21. I CERTIFY that death occurred on the date above stated; 20 December 1948 to and that I last saw him alive on 24 December Immediate cause of death.	24 Decemb	em
8. AGE: Years Months Days It less than one day 69 1 24				Obstruction Intes	tinal	nd
	Doctor o	f Den	tal Surgery	Due to Carcinoma, Hepatoma	I	nd
質 12. Name J.		ts e d	eceased	Diher conditions		*******
H 14. Malden nam		agill		Major findings of operations.	Date of op	
16. Informant SO	n: John I	· Robe	rts lington, Va.	PHYSICIAN: Please underline the cause to which death	should be charged statis	tically
17. Buri (Burial, crematic	al on, or removal. Which? otory Arlin	Date the	reol. 12-28-48 (month) (day) (year) National	22. VIOLENCE: It death was due to external causes, fill in the Accident, suicide, or homicide.  Where did injury occur?	Dale of	ate)
18 Funeral director	Joseph G	awler	a Ava WashDC	Means of Injury	njured at work?	*****
	ember 48.	h	vary C. Pallerse	U.S. NAVAL HOSPITAL	M. D. or oth	her •24

MEDICAL CERTIFICATION	
20. DATE OF DEATH 24 December 18 48	. 1 710A
21. I CERTIFY that death occurred on the date above stated; that I attended decer 20 December 1948 10.24 December and that I last saw him alive on 24 December	mbers. 48.
Obstruction Intestinal External Causes #341  Due to Carcinoma, Hepatoma Prim-	Indef
Due to.	Indef
Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results. Confirmed above.  PHYSICIAN: Please nuderline the cause to which death should be charged	
22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Maans of injury Injured at work?  H.R.COOPER LT MC USN	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

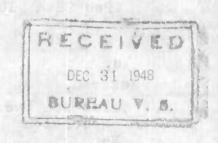
2411 N. Charles St., Baltimore

12676

# CERTIFICATE OF DEATH

Dist No. 218

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Montg Co,	(For comborninfants give residence of mother)	
City or town	State County County	
How long in above place of death? 53 yrs	City or town	
Hospital, Institution, or street address where death occurred:	Street No.	
an tame tamenta i i agair dan an a	(If rural, give LOCATION)	
How long In hospital or Institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
William Daniel Roberts	on , in a large	
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Matried	20, DATE DF DEATH Dec 24th 1948 6.30P	
- Maria V		
6.(b) Name of husband or wife		
7. Birth date of South Action 1997 Search	and that I last saw harmalive on Lee- 29 - 18.97	
deceased (mo., day, yr.) Feb 28th 1870		
8. AGE: Tears   Months   Days   If less than one day	Immediate cause of dath  and Out of all planorshap  2/2 kenner	
78 9 26hrsmin.	12b " ( 3 years	
Vo		
9. Birthplace	Due fo	
fD. Usual occupation. Retired,	Donilly,	
1f industry or business Telegraph Operator	Due fo	
	Other conditions	
12. Name	Uiner conditions	
Martha Hobson	(Include pregnancy within 8 months of death)	
E 14 Malden name. Va.	Major fiedings of operations.	
14 Malden name. Va,	Date of op.	
15. Informant Lillie L, Robertson	Autopay results	
Address Gaithersburg. Md,	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
uddiess	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial (Burial, cremation, or removal, Which?)  Bate thereof	Accident, suicide, or homicide	
Cemetery or Crematory Forest Oak Cemetery	Where did injury occur?	
Gaithersburg Md.	Injured at home, farm, industry, public place (where?)	
Toward C. Carrier	Meens of Injury Injured at work?	
18 Funeral director Ernest C. Gartner	Jr. M. & M. M. Chass	
Address Gaithersburg Md,	23. SIGNATURE LIBERTY O . Heller HA	
10 slee 21 1948 alrudas & Pooke	23. SIGNATURE M. D. or other 1947/60	
(Date rec'd by registrar) Registrar	Address Date signed 1/2//	



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2411 N. Charles St., Baltimore

PLACE OF DEATH: County  ONLY	CERTIFICAT	TE OF DEATH Reg. Diat. No. 223-
4. Sex  5. Solid or race  6. (a) Single, married, widowed, or divorced  Fe kandle white  6. (b) Name of husband or wife  6. (c) If alive, give age  7. Birth date of deceased flow, day, yr.)  8. AGE: Years  8. Months  9. Birthplace  10. Usual occupation.  11. Industry or business  12. I A same  13. Birthplace  14. Male or manne A P 9 9 9 7  15. Birthplace  16. Informant  17. Birth date name  18. Findral diversion on genoval, Which?)  19. Date thereof  10. Usual occupation.  10. Usual occupation.  11. Continuent of death.  12. I A same  13. Birthplace  14. Male or manne  15. Birthplace  16. Informant  17. Date thereof  17. Date thereof  18. Findral diversor of commonst. Which?)  19. Complete yor crematory.  19. Date thereof  19. Date thereof	County	(For newborn infants give residence of mother)  State County County City or town (If outside city or town fimits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
MEDICAL CERTIFICATION  S. (c) Name of husband or wife  S. (c) If alive, give age  Jeans  S. AGE: Years Months  Days It less than one day  T. Birth date of deceased (mo, day, yr.)  S. Birthplace  (Town, country, and state)  Dus 10. Usual occupation.  Dus 11. Industry or business  11. Industry or business  12. Name  13. Birthplace  T. Maiden name  Address 7 0 Jeffers in Sf. N. W. Wash  Major findings of operations.  MEDICAL CERTIFICATION  3. S. M. W. Wash  Major findings of operations.  MEDICAL CERTIFICATION  3. S. M. W. Wash  Industry or business  12. Name  Dus 10. Date of op.  Major findings of operations.  Major findings of operations.  Minimals in the following:  Authory results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of op.  Maens et injury  Injured at home, farm, industry, public place (where?)  Injured at home, farm, industry, public place (where?)  Injured at home, farm, industry, public place (where?)	Miss Margaret Ry	
1. Birth date of deceased (mo', day, yr.)  8. AGE: Years Months Days If less than one day hrs.  10. Usual occupation.  11. Industry or business  12. Name 13. Birthplace 14. Malden name 15. Birthplace 15. Birthplace 16. Informant 17. Address Go J. Ffers S. S. N. W. W. S. D. W. W. W. W. W. W. W. W. S. D. W.		Decay hav 5 40 0 33
19. Dec. 5  (Date rec'd by registrar)  19. Tegistrar  Address Tekens Pork Md. Date signed 12-5-48	7. Birth date of deceased (moi, day, yr.)  8. AGE: Years Months Days If less than one day  7. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name (Town, county, and state)  13. Birthplace (Town, county, and state)  14. Malden name (Town, county, and state)  15. Birthplace (Town, county, and state)  16. Informant (Town, county, and state)  17. Burian, cremation, or numoval, Which?)  18. Funeral director (Month) (day) (year)  19. Cemetery or crematory (County)  19. Funeral director (Month) (day) (year)	and that I last eaw h. S. alive on DURATION  Immediate cause of death DURATION  Due to  Due to  Due to  Due to  Or and the conditions DURATION  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VtoLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Maens of injury  Injured at work?

WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly and FOR BINDING RESERVED MARGIN

Dr. J. g. Broschart, Medica Examin for montgomery

12678

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15010

# CERTIFICATE OF DEATH

CERTITICAL	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State MARY AND County MONTGONZERS)  City or town TAKEMA PARK  (If outside city or town limits, write RURAL and give nearest town)  Street No. 317 Ethan-ALLEN AUE  (If rural, give LOCATION)  2.(a) If veleran, name war. No.
3. (a) FULL NAME  MRS. SARAH FORD RYAN 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  FEMALE White Widowed	3. (b) Social Security Number  NONE  MEDICAL CERTIFICATION
6.(b) Name of husband or wife John J. Ryan  7. Birth date of deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)	20. DATE OF DEATH.  21. I DENTIFY that death occurred on the date above stated; that stiended deceased from  19. # B. to Sec. # P. 19. # B.  19. Immediate sause of death.  OURATION
8. AGE: Years Months Days If less than one day  74 // // // // // // // // // // // // //	Elisance Congestave  Least failuse 5 yrs  Oue jo.  Severalized acterio -  Doors & Cleso S.S. 10 yrs
12. Name. Michael Ford  In Eland	Other conditions (Include pregnancy within 3 months of death)
14. Malden name UNKNOWN  15. Birthplace  16. Intermant CA th ERINE A. HAZEN  Address 2121 Virginia Aue. N.W. Wash. D.C.  17. BURIAL (Burial, cremation, or removal, Which?)  Cemetery or crematory Mt. Ohivet Remeters.	Major findings of operations
Location WAShington D.C.  18. Funeral director The S.D. Ofines Co.  Address 2901-14th Stant Nov Hashington D.  19. Dec 19 18 48 11 11 11 11 11 11 11 11 11 11 11 11 11	Injured at home, tarm, industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE FLACUES PASSED M. D. op other  Address. 1511-178t. N. A. Hash & Cpate signed & C. 19.19.

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UXFADING INK. Supply every item of information careful; ant. Physicians: please write the causes of death clearly and

correct age

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Permession for signature granted by Dr. J. J. Maloney ou Dec. 19.1948 at 6:30 P. M. by phone. J. P. Hannan, M.D.



WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 12123

830

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For rewhorn infants give residence of mother)		
County Montgornery Cash med	State Mostfland county Montgomery		
Cily or town (If outside city or town limits, write RURAL and give nearest town)	City or town Silver Spaint RURAL and give nearest town)		
How long is some place of death?			
Harry Han a look	(If rural, give LOCATION)		
How long in hospital or institution? 4 The + 5 municles	2.(a) II veteran, hame warWorld #1		
3. (a) FULL NAME Charles	3. (b) Social Security Number		
I fensy Schauer	055-03-3711		
4. Sex 5. Color er det 8.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION		
male white messies	20. DATE OF DEATH. 12-20 - 1943. at 3:350 M		
6.(b) Name of husband or wife Volda Ellew Schauet	21. I CERTIFY that death occurred in the date obgre stated: that I altoyded decessed from		
7. Birth date 01 Down O.Z. 3. 200	Merch 1948 10 11620 1948		
7. Birth date ol deceased (mo., day, yr.) Dec. 27, 1896	end that I last saw h alive on Sec 20 19.4.8		
8. AGE: Years Months Days It less than one day	Immediate cause of death Dunorhage Thouse		
51 . // 23hrsmin.	111		
3. Birthpiace Beochlys, new york	Que to fly flusion Queralylar		
(Town, county, and state)			
10. Usual occupation. Adjunititation	Due to.		
11. Industry or business			
12. Name Color Jork Schauer  13. Birthplace New York	Other conditions		
1 0 10	(Include pregnancy within 3 months of death)		
E 14. Maiden name Emissa Scidel	Major findings of operations		
15. Birtholace new york, new york			
16. Interment Soul Heisty R.	Autopsy results		
Address 314 Whitestone Rd., Silver Spring, Md.	22. VIOLENCE: Il death was due to external causes, fill in the following;		
17. Burial Bate thereol Dec. 23. 1918 (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematoryArlington National Cemetery	Where did labor occur?		
	(City or town) (County) (State)  Injured at home, larm, industry, public place (whers?)		
Localion Fort Myer, Va.	Meens of Injury Injured at work?		
18. Funeral director. Waxness & Fumplicay	007,0150		
Address Silver Spring, Ma.	23. SIGNATURE to the M. Midler hit		
19. Dec 2 1948 PHOM DOMO Registrar	15 Uses Shing 711 M. D. or other		
(Date rec'd by registrar) Registrar	Address Date signed / C-LD		

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BUREAU V. S.

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

12680 Res Dist No. 215

CERTIFICAT	Reg. Dist. No. 215		
1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)		
City or town Bethesda, (Rural), Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?  Hospital, institution, or street address where death occurred:  U.S. Naval Hospital  How long in hospital or institution?  28 days	State Virginia County Arlington  City or town Arlington  (If outside city or town limits, write RURAL and give nearest town)  Street No. 3245 Wilson Blvd  (If rural, give LOCATION)  2.(a) If veteran name war Spanish American		
3.(a) FULL NAME SEITZ, Frederick "H"	3. (b) Social Security Number		
4. Sex Male  5. Color of race Married, widowed, or divorced Married	MEDICAL CERTIFICATION  20. GATE OF DEATH		
8.(b) Name of husband or wile Livella Seitz.  7. Birth date of deceased (mo., day, yr.) February 15 1879	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  11 November 1948 10 December 9 148  and that I last saw h. imalive on 9 Becember 1948 19		
8. AGE: Years Months Days If less than one day 69 9 24hrsmin.	Coronary Heart Disease, Arter- iosclerotic Indef		
9. Birthplace Freeport, Illinois.  10. Usual occupation Tool maker  11. Industry or business  12. Name August Seitz  13. Birthplace Illinois deceased	Oue to		
14. Maiden name Martha Beck 15. Birthplace Mass. deceased	(include pregnancy within 3 months of death)  Major findings of aperations.  Date of op.		
Address 1248 N. Taylor St Arlington VA  17. Burial (Burial, cremation, or removal, Which?)  Oale thereof. (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cometery or crematory Arlington National  Location Arlington Virginia  18. Funeral director Fitzgerald Funeral Home 107.5	Where did Inju: y occur?		
Address 3245 Wilson Blvd, Arlington, VA  19. 12-9-48 Mary C. Cattleren (Date rec'd by registrar)  19. Mary C. Patterson	23. SIGNATURE W.F.QUEEN CDR MC USN M. D. or other Address U. S. Naval Hospital Gate signed 12-9-48		

information carefu WITH UNFADING INK. Supply every item of inportant. Physicians: please write the causes BINDING FOR RESERVED MARGIN

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2411 N. Charles St., Battimore

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#### CERTIFICATE OF DEATH

g. Dist. No. 216

CERTIFICAT	L OI DERIII	Reg. Dist. No.
1. PLACED OF DEATH: tagoment	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
City or fown Letter town limits, write HCWAL and gife nearest town	state Maryland	
How long in above place of deaths Since Dec 1-1947	City or town Chevy Chas (If outside city or town lir	e C mits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:		SE St.
How long In hospital or Institution Since Dec. 1- 1947.	2.(a) If veteran, name war.	rive LOCATION)
3. (a) FULL NAME		3. (b) Social Security Number
Famil Dell Stierky		
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL 20, DATE OF DEATH PECK	when 3 1.48 .215
Mumbbsild	21. I CERTIFY that death occurred on the date	
5.(c) Name of husband or wife 6.(c) If alive, give age years	Movember 10	1948 Nocember 3 1948
7. Birth date of deceased (mo., day, yr.) July 17, 1866	and that f last saw heaalive on	secular 3-1944
8. AGE: Years   Months   Days   If less than one day	Braceleopne	and a service of the service
82 82 4 16nin.	<u></u>	
9. Birthplace Caronipland Silvinois	Due to Severalized	arteriorde son 9 years
10. Usual occupation Almentological	Somoloral arte	rioscleralis queix
11. Industry or business	000 16	
12. Name Chalmers Shorkey Unknown	Other condition Valuates	mellittes - 5 years
	aluscus of The	3 months of death)
14. Maiden name Europe Baldwinsvillo U. L.	Majur findings of operations	
15. Birthplace at devention of		Oate of op.
16. Informant 11. 19 aug 19 au		which death should be charged statistically.
Address ff - W. Million & Clary Clia	22. VIOLENCE: It death was due to externat	causes, fill in the following;
17. Cremation Oate thereof Dec. (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
XCMMAN crematory Cedar Hill Crematory	Where did injury occur?(City or tow	n) (County) (State)
Location Washington, D. C.	Injured at home, farm, industry, public place	
18. Funeral director N Santan Gamphurg	Masens of Injury	Injured at work?
Address Bethesda, Maryland	23 SIGNATURE Viceller	Vitteet Mil.
19. 12-4 1948 WE Jobes (Date rec'd by registrar)  Registrar	Bethes da	M. Desther 3/4
(Nate 1.4 a pl c.Binnat)	The state of the s	1 1 1

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information carefully of death clearly and

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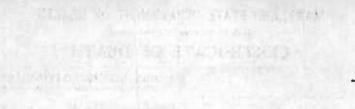
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAI, RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother)
county Montgomery	State Maryland county Montgomery
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write BURAL and givo nearest town)
Hospital, institution, or street address where death occurred:	Street No. 7303 Flower Ave
Washington Sanitarium 7 Mospital	(If rural, give LOCATION)
How long in hospital or institution? 3 menths, luser, 3 days	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Shipman, Miss Nellie H.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 57
Female Caue. Single	20. DATE OF DEATH December 18, 1948, 21 10 PM
8.(b) Name of husband or wifs	21. I CERTIFY that death occurred on the date above stated; that i attended daceased from
	20 pt. 840 1148 10 Dec 18 1148
7. Birth date of	and that I last saw h. P. R. alive on 12000 mber 18, 19 48
deceased (mai, ear, )1.7	Immediate cause of death Sere 6 ral Throm bosis DURATION
o. Ada.	with Hemiplegia, right 3ma. 11day,
85 4 26hrsmin.	
9. Sirhplace	Due to Hypertal Place
	disease dean.
10. Usual occupation Retired Linotype Operator	Due to Av terio selevosis general
11. Industry or business U.S. Qout.	1.264
12. Name Hotatio D. Shipman	Other conditions Traches - bronch, tir 11 days
13. 8irthplace Link.	(Include pregnancy withing months of death)
# 14. Maiden name - Willow	
14. Maiden name Willow  15. Birthplace Unk-	Major findings ol operations.
	Date of op.
18 interment Sanitarium Records	Autopsy results
Address	22. VIOLENCE: tf death was due to external causes, till in the following:
17 Removel Bate thereof 72 - 14-44	
(Bufial, cremation, or removal, Which?) (month) (day) (year)	
Cometery or crematory	Where did injury occur? (City or town) (County) (State)
Location Transfer WC.	Injured at home, tarm, Industry, public place (where?)
Mr. To famble of	Mesns of Injury Injured at work?
18. Funeral director	04. 02 12 22 11 1
Address 1660 6 hopen 57 Nill West Red	23. SIGNATURE Mallace 11 My ook M.C.
19. Dec 19 10 48 F. William HOUN	To be and Post L. 1 M. D. or other
(Dato ree'd by registrar) Registrar	Address Date signed





WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful, is especially important. Physicians: please write the causes of death clearly and

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH COUNTY AND TO THE COUNTY AND THE	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Way County Would Decease of Management of County Would Decease of Management of County Would Decease of
(If offerde city or town limits write RURAL and give nearest town)  How long in above place of death? 20  Rospital, institution, or street address where death accorded:	City or town (if outside city or town limits, write RORAL and give nearest town)  Street No. (if rural, give LOCATION)
How long in hospital or institution? 20 Octors	2.(a) If veteran, name war
3. (a) FULL NAME Pobert Owey Sprous	3. (b) Social Security Number
4. Sei 5. Color or race 6. (a) Single, married, widowed, or divorced	20, DATE DE DEATH SCHULET 154 8. 370. N
8. (b) Name of husband or wife 1122 5 11 11 12 12 12 12 12 12 12 12 12 12 12	and that I last saw have alive on
8. AGE: Years   Months   Days   If less than one day   20 hrs	Immediate cose of death  Provide Course Typograph, 3 was 1945.
9. Birtholace (Town, eounty, and atate)  10. Usual occupation.	lieuxo filia ge
11. Industry or hyperiness	and day Christicas
12. Remo Calland M. Danous	Diher conditions of a cost processory.  Michigan pregnancy within 3 months of death)
14. Maiden name Hargardt Hu, Hours	Major findings of operations.
16. informan Margaret M. Sprouse	Actopsy results.  PHYSICIAN: Please coderlice the cause to which death should be charged statistically.
Address Seudy Locks Kd + Cafin John Date thereof.	22. VIOLENCE: It death was due to external causes, till in the following;  Accident, suicide, or homicide
(Burial Canal Which?) Cemetery or crematory. There Canal Cemetery	Where did injury occur?
Location Sauthenting and	injured at home, tarm, Industry, public place (where?)  Means of Injury  Aguired at work?
Address Bethesda, high	23. SIGNATURE bleeler O. Huff
19, 12-8-48 19 W. E. Jobels (Date rec'd by registrar) (Date rec'd by registrar)	TO all 1 9, BU M. Continue

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CEDTIFICATE OF DEATH

Reg.	Diat.	No.	21	5

CERTIFICAT	Reg. Dist. No
PLACE OF DEATH: County Montgomery City or town Bethesda, Rural, Maryland (It outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 mo 10 days Hospital, Institution, or street address where death occurred: U.S. Naval Hospital How long in hospital or Institution? 7 mo 10 days  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Dist. Columbia  County  City or town. Washington  (If outside city or town limits, write RURAL and give nearest town)  Street No. 2208 Mass Avenue NW  (If rural, give LOCATION)  2.(a) if veleran, name war. Spanish Amer. W. W. 1  3. (b) Social Security Number
STRAUSS, Joseph (n)  4. Sex   5. Color or race   8. (a) Single, married, widowed, or divorced   Married   Married   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. 30 December 19 48 ,21 305P
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 May 19 48 to 30 December 19 48 and that I last saw h im alive on 30 December 19 48.  Immediate cause of death Diliary Objection DURATION
9. Birthplace	Due to Metailatic carriorea  Due to Carcinena of Stomacle
12. Name Rafael Strauss 13. Birtholace Germany Deceased  14. Maiden name Sarah Metzger 15. Birtholace Germany deceased  16. Informant Wife: Mary Strauss	(Include pregnancy within 8 months of death)  Major fieldings of operations. Carrings and Stoneach  Autopsy results. Carrings Harpel Date of ong.  Autopsy results. Carrings and Stampalate wides present a factor of Stampalate wides of Stampalate wides of Stampalate wides of Stampalate with the stampal
Address 2208 Mass Avenue NW WashDC  17. Cremation Date thereof 1-3-48 (Burial, cremotion, or removal, Which?)  Cemetery or crematory Cedar Hill Burial: Arlington Nat'l. Location Washington DC  18. Funeral director W. W. Chambers  Address 3072 M St NW Wash, DC  19. 12-30-48 (Date rec'd by registrar)  19. Patterson Registrar	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, sulcide, or homicide

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

215 Reg. Diat. No ...

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Montgomery Montgomery			N			
City or town Bethesda, Rural, Maryland (If outside city or town limits, write RURAL and give nearest town)			Maryland	state Virginia County		
	50	dove	COUAL and give nearest town)	City or town Spottsylvania (If outside city or town limita, write RURAL and give neares	A A	
How long in above pl	or street address where		d.	(if outside city or town limits, write KUKAL and give neares		
II-S Nav	al Hospit	- 7		Street No. Rural		
	****************			(If rural, give LOCATION)  2.(a) II veteran, name war World War Das		
How long in hospita	or institution?	U day:		2.(a) II veteran, name war WOLLA WAL		
3. (a) FULL NA		•	ichard Fairfax	3. (b) Social Security Nu	mber	
4. Se1	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Negro	Me	rried		7705	
				20. DATE OF DEATH 22 December 19.48 .	TIZDA	
e (h) Nama of hunha	Mi Mi	nnie 1	aylor	21. I CERTIFY that death occurred on the date above stated; that I attended dacease		
				2 November 1948 10 22 Decem	iben 48	
7. Birth date of		6. (	e) If alive, give ageyears	and that I last saw h im alive on 22 December	,, 48	
deceased (mo., da	ay, yr.) 6-1	8-96		Immediate cause of death S 1+ 0 C 1C	DURATION	
	ears   Months	Days	It less than one day	Immediate cause of death	BURATION	
100				OPERATIVE		
-	52 6	4	hrsmin.			
9. Birthplace	Virgini (Town	a, county, and	state)	Due to ABSCESSES Righthung	41971	
					t	
ig, usual occupant	JIL			Due to		
11. Industry or busi						
12. Name	Willis T	aylor	,	Other conditions		
Y 13 Ricibniace	Virgini	a dece	besed			
ac	Nones.	Dond'	laton	(Include pregnancy within 3 months of death)		
岩 14. Maiden nar	Nancy	ranu.	Facon	Major findings of operations ABSCCSSCS 72.951	1410	
E 15. Birtholace	Virgin	ia de	ceased	Date of op. / 2	11-48	
1888	Nancy Virgin	o Morr	1 022	Autopsy results confirmed above	444444444444444	
				PHYSICIAN: Please underline the cause to which death should be charged sta	tistically	
Address Sp	ottsylvan	ia, V	irginia			
				22, VIOLENCE: If death was due to external causes, fill in the following:		
17. Bu	ion or removal Which	. Date the	eof Nec 26, 1948 (month) (day) (year)	Accident, suicide, or homicide	1000	
(Duriar, Cremat	Mt T.c	ang		Where did Injury occur?		
0.						
LocationC	aroline (	ounty	Virginia	Injured, at home, farm, industry, public place (where?)		
				Msans of injury Injured at work?		
				17h 400	A STATE OF	
Address Fre	dericksbu	irg, V	irginia	D N CHIEF THE COST NO THE	SRY	
		mar	ust atterson	23. SIGNATURE R.N. SHELLEY COR MC US	other	
19.23 Dec	19.23 December: 48 Mary C. Patterson			U.S. Naval Hospital hat steed 12-23-48		

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PLAINLY, WITH UNFADING INK. Supply every item of information carefuld is especially important. Physicians: please write the causes of death clearly and

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Not due to the. Dr. Shelley (2/10/10) RECEIVED DEC 27 1948 BUREAU V. S.

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(Date rec'd by registrar)

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

/		*********
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Manual County County County	
City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)	)
Hospital, institution, or street address where death occurred.  Stoo and Jenny tong Rd  How long in hospital or institution?	Street No. (If rurel, give LOCATION)	**********
	2.(a) It veteran, name war	
3. (a) FULL NAME Mrs. Bosie Essent	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
# Com manied	20. DATE OF DEATH D 20 10 19 14 8 21 1.3	A.M.
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DEC. 15th 1986 10 DEC.	.48
7. Birth date of	and that I last saw h ER alive on O.E.C. 20	9 48
deceased (mo., day, yr.) Will 12 1884		RATION
8. AGE: Years Months Days If less than one day	MASSIVE PERITONITIS	
64 H 8hrsmin.	AND MULTIPLE ADHESIONS	**********
+ 11.		
9, Birthplace Track (Town, county, and state)	Due to ASCITES	
21		
10. Usual occupation	Due to CIRRHOSS OF THE CIVER	4
11. Industry or business		
= 12. Name June Slummer	Dither conditions	
12. Name Leave Thurney.		
	(Include pregnancy within 3 months of death)	-
14. Maiden name combon.	Major fiediogs of operations.	**********
£ 15. Birthplace mandond	Date of op.	
16. Interman My Cristle Blycast	Actory resolts CIRRHOSIS OF LIVER, PERITON	1775
16. Intormati	PHYSICIAN; Please underline the cause to which death should be charged statistically	y .
Address flow ord. Tockwill Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Date thereof 12/22/48		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Potomac Methodist Church Ce	Where did injury occur?	
Location Potomac, Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director NE Reuben Pumphrey Funeral Home	Means of Injury Injured at work?	
Address 7557 Wisc. Ave., Bethesda, Md.	In W. Perelman M.	0



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For provious infants give residence of mother)			
County Montgomery			state Laryland		77	
City or town Rockyille (If outside city or town limits, write RURAL and give nearest town)						
How long in above place	of death?	Yr.		City or town	nits, write RURAL and give no	earest town)
Hospital, Institution, or	street address where	e death occurred	:	Street No. 915 Viers Mil		
915	Viers Li	ll Rd.		(If rural, g	ive LOCATION)	
How long in hospital o	r Institution?			2.(a) It veleran, name war	No.	
3. (a) FULL NAM					3. (b) Social Security	
	Ago	stina	Marie Vallino		Not In	lown
4. Sei	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	E COLUMN
Female	White		Vidowed	20. DATE DE DEATH 20 DEC	1, 48	, 2P.
6.(b) Name of husband	or wife. Robe	rt Val	lino	21. I CERTIFY that death occurred on the date	above stated; that I altended des	ceased from
			c) It alivé, give ageyea	T	1948 10 20 6	
7. Birth date of deceased (mo., day,			7 344	and that I last saw halive on		19. 48
8. AGE: Years		30th Days	It less than one day	Immediate cause of death	7)	DURATION
62	2	20		Carenna	2 miles	
9. Birthplace	(Town, county, and state)		Due to USA		***************************************	
an the electronical	Housew	rife				
		lendanakon Azaron errenen	······	Due to	***************************************	
11 Industry or busines		Cmio			***************************************	
E	ooseni		LS	• Other conditions		** ************************************
		Ital	y	(Include pregnancy within	3 months of death)	
14. Malden name 15. Birthplace	Unlnou	m		Major fiediers of operations	shave	
15. Birthplace		Ital	V			947
16. Informant	Catheri	ne L.	Tarallo	Autopsy results		
	07 ×		7 T) J T) 1 . 7 7	PHYSICIAN: Please underline the cause to	which death should be charge	d statistically.
Address		rshi	I na Rockvill	22. VIOLENCE: If death was due to external	causes, fill in the following:	
17. Burial. Cremation	a ar namoual Whish	Date the	(month) (day) (year)	Accident, sulcide, or homicide	Date of	
	140	AThere		Where did Injury occur?(City or tow		(State)
Cemetery or <del>cremat</del>	- 1	burg.	Pa.			
Location	1,6601	TOUT E	1 a .	injured at home, farm, industry, public place	Injured at work?	***************************************
18 Funeral director	Um. Keul	met in	A learnest yeard to	Means of Injury	Injured at work?	0
Address 75	57 Wisco	nsin A	ve. Bethesda	I'd. SIGNATURE HIS MUS	uply M	1
12/20			Splowson	23. SIGNATURE	2 0 MA	or other
19. (Date rec'd by re	19 4.b.		Registr	ar Address Coclovelle	Date signer	00 100,4

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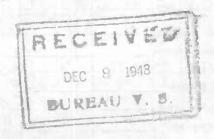
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legiply.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No. 2/4
1. PLACE OF DEATH:  County MONT COMERY  City or town. RECKULL ERF BURGER (If ootside eity or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  WAYERLEY DAYS  How long in hospitat or institution? DAYS	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
MILTON N WA	TERMAN No
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE WIDOWED	
	20. DATE OF DEATH. DE C. 19. 48 at 3. 4 M
8.(b) Name of husband or wife. ELIZABETH WATERMAX	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of years	and that I tast saw h. L.Ma. alive on the J
deceased (mo., day, yr.) JULY 5, 1873	Immediate caose of death
8. AGE: Years   Months   Days   11 less than one day	Cruay Occlusion 4 DAYS
9. Birthplace	Due to advanced Celeris leves YEARS
10. Usuat occupation KETIRED	
11. Industry or business CITY GOVERTMENT	Due to
12. Name MILTON N. WATERMAN  13. Birthptace ENGLAND	Diher conditions Slave and maritim YEARS.
	(Include pregnancy within 8 months of death)
置 14. Maiden name. WRLKER	Major findings of operations
14. Maiden name. WALKER  ENGLAND	Bate of an
18. Informant per H. alberti	Aotopsy results.
Address 5605 Center St. El. Ch. M.	PHYS1CIAN: Please ooderline the caose to which death shoold he charged statistically.
(Borial, cremation, or removal, Which?)  Date thereof DEC. 9, 1948 (mouth) (day) (year)	22. V10LENCE: It death was due to external causes, filt in the following:  Accident, suicide, or homicide
Cemetery or crematory OTTAWA RUE CEMETERY	Where did injury occur?
Location OTTAWA, ILL.	injured at home, farm, industry, public place (where?)
Travais Carolin	Means of injury / Injured at work?
Address 3821-14 M. St. Myw Wash. De-	11. Vicolor Million
19. 17-4 19. 48 ME Jobes Registrar	23. SIGNATURE Address Perfect Saa, MA' Date signed Dec. 6-49.



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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12659 Reg. Dist. No. ...

## CERTIFICATE OF DEATH

Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
county mongowery	
City or town Telpones / Path	State Newtylagen County M. Dulgarulay
(If outside city or town limits, write KUKAL and give nearest town)	City or town Lakeouse Park
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 7301 Filour ave
Washington Santanin + Hospital	(If rural, give LOCATION)
How long in hospital or Institution?	2.(α) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Doory Samuel Wegoen	3. (b) Social Security Humber
4. Sex   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
9 00 1 0.1	
use wate nessell	20. DATE OF DEATH
8.(b) Name of husband or wife Roseus weaver	21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from
	Lei 26 19 45 10 Dec 30 19 45
7. Birth date of	16.27
7. Birth date of deceased (mo., day, yr.) Och 8 1865	and that I last saw h A alive on 19
accesses (mort as)(), as a constant	Immediate enuse of death OURATION
o. Aug.	Consu & Junte mit
83 2 22min.	hundy theuse hydrophic days
Yama Paris	the transfer of
9. Birthplace (Town, eounty, and state)	Due to.
4.1 - 11	- Turner
10. Usual occupation Released passiles	Oue to
tt. Industry or business	
12 Name Christian Weaver	Other conditions
	Utner conditions
13. Birthplace Laucaster Co. Seguita.	(Include pregnancy within 3 months of death)
# 14 Maiden name Relieves Boulobles	
6 4 4	Major fiedings of operations.
E 15. Birthplace Ococlye-Cocle	
18 Internal Hospital Fecards	Autopsy results
	PHYSICIAN: Please underline the eause to which death should he charged statistically.
Address	22. VIOLENCE: If death was due to external causes, till in the following:
17 Durial Date thereof Jan 3 1943	
(Bur)al, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Comotory or crematory It Themsalfa Cometery	Where did injury occur?
201-201 NPP. C. G. M. M.	
Location tolk Ministry Comme Minkly My	Injured at home, farm, industry, public place (where?)
Trisius Stallors.	Meens of Injury tnjured at work?
18. Funeral director.	8 1 1 00 1
Address 254 Garroll 18 1/1 of abona lark 12 AG.	The Wother me
11 ml 1 & Salform of Dode	23. SIGNATURE M. D. or other
19 / 19 / 19 / 7 / 11 11 10000	15 00 molemond 4/1 1200/4
(Date rec'd by registrar) Registrar	Address Oato signed

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

126) 7 14 Reg. Dist. No.

1. PLACE OF DEATH:  County MONTGOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County MONTGOMERY	
City or fown	State County D C
How long In above place of death? 3 WEEKs.	(If outside city or town limits, write RURAL and give nearest town)
tospital, institution, or street address where death,occurred:	
MAPLELANE NURSING HOME.	Streef No
low long In hospital or Institution? 3 WEEKS	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
ABIGAIL WEED	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOWED.	20. DATE OF DEATH Dec 16 19/8 at 1:22 A
8.(b) Name of husband or wife FRANK W WEED	21. I CERTIFY that death occurred on the date above stated: that I attended disceased from
	7/05 23 19 8 10 Dec. 16 198
7. Birth date of feecased (mo. day, vr.) 77 Eb 10 <sup>th</sup> 1880	and that I last saw h
accepted (moltany)	Immediate cause ul delth OURATION
B. AGE: Years Months Days tt less than one day	Cente myradiles
68hrsm	iin.
BIRTHPIACE PLATTS BURG NEW YORK	Oue to Cossential Chyperlensens
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
12 Name WILLIAM T HOWELL	Other conditions Careful howombage
12. Name WILLIAM THOWELL  13. Birthplace MARYLAND	( red)
	(Include pregnancy within 3 months of death)
E 14. Walter 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	Major fiedings of operations. Ama
15. Birthplace VIRGINIA.	Date of op
16. MARS Robert C. ALOE	Aulupsy results
Address 2623 - N. GREENBRIER St. ARL V	/ A
17 BURIAL Date thereof 12-20-49	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory ARLINGTON. NATIONAL	Whers did injury occur?
Location VIRGINIA	
WW Chambers Co	Means of injury Injured at work?
18. Funeral director // / / / / / / / / / / / / / / / / /	··· 6 P
Address 3072 M St. N. W.	23 SIGNATURE AR GE Norden M.D.
Dec. 16 48 Smerkente Delaeffe	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	rar Address 603 19th NW. Date signed 12 16 4

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DEC 20 1948

BUREAU V. S.

PLEASE WRITE

A15 SA

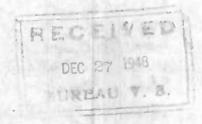
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

12691

CERTIFICAT	TE OF DEATH
1. PLACE OF DEATH:  County MONT GOMERY CO, Mo,  City or town (If outside city or town limits, write RUKAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  5009 T. Sumner Dr., Wash. 16, D.C.  How long in hospital or Institution?	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For prewhorn infants give residence of mother)  State Maryland County Montgomery  City or lown. (If outside city or townslimits, write RURAL and give nearest lown)  Street No. 5009 FT. Dumner Dr.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
NELLIE BLISS NHITAKER	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temak White Widowed	20. DATE OF DEATH. December 23 1948, at 10:30 P.
6.(b) Name of husband or wife DICK RUFUS Whitaker  OCCUSED 6.(c) Walve give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  March 19 48, to Dec. 23 19 48  and that I last eaw h. L. Juve on Dec. 23 19 48
deceased (mo., day, yr.) OCT. 25, 1879	Immediate cause of death DURATION
8. AGE: Yeare Months Days It less than one day  6 9 1 2 9	Carchomatosis, 10 mo's,
9. Birthplace Chicago, III.	Due to Adeno carcino ma of liver 12 mos-
10. Usual occupation HOULSE WIFE	Due to
11 Industry or businese  12. Name Williams Leighton Bliss 13. Birthplace Conn.	Other conditions None—
14. Maiden name Elizabeth Kerns	(Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Kerns 15. Birthplace Indiana	Major findings of operations (CANCINOMO of liver WITT) METOS TOSES - Date of op Jan 6, 48
16. Informant 17/CHARD Whitaker	Autopsy results
Address 5009 Ft. Summer Dr Wash. 16. Dr.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Dec. 27, 1948. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location Suitland, Md.	Injured at home, farm, Industry, public place (where?)
18 Funeral director S. A. Hinas Co.	Meene of injury Injured at work?
Address 2901-14th Sr. N.W. O.C.	HOElow m. 10.
10 12-24 1948 NE Jobes	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address 1725 - N St. N.W. (D.C.) ate signed 12.23-48

ATTIMIS & STRANDAM CALL



2411 N. Charles St., Baltimore

157

216

# CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:    County AVION L. QOVVIC Y. H.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME  A mya Catherine Libite way  4. Sex   5. Color or race   6. (a) Single, married, midwed, or disorced	3. (b) Social Security Number
F Wh	MEDICAL CERTIFICATION  25.  20. DATE DF DEATH. 12-29 1948 112 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from  19
deceased (mo., day, yr.)	Immediate cause of death DURATION
3. Birthplace Jubur ban Hospital (Town, county, and trate)	Due to
10. Usual occupation	Due to
12. Name Thornas Whiternan  13. Birthplace Washington D.C.	Other conditions
14. Maiden name Anna Hudleson 15. Birthplace Washington D.C.	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant - FAFher ( ) hongas whiteman	Autopsy results
Address 8723 Ridge Rd. Bethesda Md.  Burial  (Burial, cremation, or removal, Which?)  Burial, cremation, or removal, Which?)	22. VIOLENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Mt.Olivet Location Washington, D.C.	Where did Injury occur?
18. Funeral Color Renden Gumphrey Juneral Hame	Means of Injury Latored at work?
Address Bethesda, Md.  19. 12-30 (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other  Address & M. Cuentha Date signed 12/30/14

ADING INK. Supply every item of information carefuld. The correct age Physicians: please write the causes of death clearly and legible. MARGIN RESERVED FOR BINDING PLAINLY, vis especially

WRITE

EASE

RECEIVED

DEC 31 1948

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

950

12693

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:  County R. J. J. M. R. J. A.  City or town City or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn in ants give residence of mother)  State  County  City or town  (1f outside city or town lights, write RURAL and give nearest town)
How long In above place of death?	Street No. (If rural, give LOCATION)
How long in hospitel or Institution?	2.(a) If veteren, name wer
3. (a) FULL NAME alice Mason Wi	lliams 3. (b) Social Security Number
4. See 5. Color or rece 6.(a) Single, merried, widowed, or divorced tende Colored married	MEDICAL CERTIFICATION  20. DATE OF DEATH LOC. 16 19 48 21 4.30 F
8,(b) Neme of husbend or wife. Lugustus Williams  6,(c) If elive, give ege	21. I CERTIFY that deeth occurred on the date above steted; that I ettended decessed from  19
7. Birth date of deceased (mo., day, yr.)  8. AGE: Yeers Months Deys If less then one dey	Immediate cause of death
9. Birthplece (Town, county, and state)	Due to.
10. Usual occupation	Bue to.
12. Neme Jones  13. Birthplace	Other conditions
14. Maiden name. Maryaret Mason  15. Birthptace Ad.	(Include pregnancy within 3 months of death)  Major fiedings of operations.
16. informant Gladys mason (aunt)	Aatopsy results
Address  17. Burial, eremation, or removal, Which?)  Dete thereof. Wax. 19, 1948  (Burial, eremation, or removal, Which?)	22. VIOLENCE: If death wes due to externel ceuses, fill in the following: Accident, sutcide, or homicide
Cometery or cremetory Sugarland, and,	Where did Injury occur? (City or town) (County) (State)  Injured et home, ferm, Industry, public place (where?)
18. Funerel director. Rockerllo, Maddress	Should - Byonchart M. D.
19 Dec 19 1948 abrila & Porke	23. SIGNATURE M. D. or other





ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legible

WRITE

PLEASE

correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

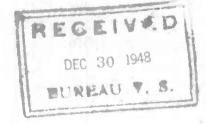
2411 N. Charles St., Baltimore

A HOUSE DECIDENCE (LLOBATE) OF DECEASED

# CERTIFICATE OF DEATH

12694 Reg. Dist. No. 214

County Montgomery  City or town Sandy Spring, Md.  (If outside city or town limits, write RURAL and give nearest town)				(For newborn infants give residence of mother)  State		
				City or town. Sandy Spring (If outside city or town limit	its write PUPAI and sive near	reat town)
Hospital institution or	street address where	death occurre	d:	Street No. "Longmeade"		
#L	ongmeade"	Sandy	Spring, Md.		re LOCATION)	
How long in hospital or institution?			······································	2.(a) It veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security 1	Number
STAN STAN	SARAH	FORSY	TH WILLSON			
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Female	White	Ma	rried	20. DATE OF DEATH 17/24/	19.48	at /230
6.(b) Name of hueband	Geor	ge A.	Willson	21. I CERTIFY that death occurred on the date e		
			(c) tf alive, give ageyeare	10/1/		
7 Blokk dodo od	r.) Decembe			and that I last eaw h. S alive on	/ '	19.4.6
8. AGE: Years		Days	If less than one day	acute cause of death carries	. d. 11.1.	DURATION
81	0	6	hrs min.		· muu	ag
			mlr	Ton In Dase	wooderon	344
			rk state)	with hipperter	wor	
10. Usual occupation.	Housewit	e		Due to		<b>V</b>
11. Industry or bueines	s				***************************************	
12. Name	Joshua For	syth		Dther conditions		***************************************
13. Birthplace N. J.				(Include pregnancy within		
14 Maiden name	Elizabe	th Ear	le			
15. Birtholace				Major findings of operations.		
21 13. Birtinglace	Mn Coonge	A THE	11 aon	Autupsy results.		
			llson	PHYSICIAN: Please underline the cause ta	which death should be charged	statistically.
			y Spring, Md.	22, VIOLENCE: If death was due to external c	auses, till in the following;	
17. Buri (Burial, cremation	al Which	Date the	reof Dec 26 k94	Accident, eulcide, or homicide	Date of	
Camaiary or gramati	Frier	id's Ce	metery	Where did injury occur?(City or town	) (County)	(State)
			g, Md.	Injured at home, tarm, Industry, public place (		
		m / 1	11	Meene of injury	injured at work?	_
			mphrey, Inc.		71	
Address 8434	Georgia A	lve. Si	lver Spring, Md.	23. SIGNATURE	Zend'	
" Dec	75 . 49	3 June	phuru Schoeffe	01.04	M. D. c	
(Date rec'd by re	oristrar)	(),	Registrar	Address and SA	Date signed	7145/40



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

# CERTIFICATE OF DEATH

Ser. Dist. No. 273

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pre-whorn infants give residence of mother)
County Montgemeny	State Used Miles County
(If outside city or town limits, write RDRAL and give nearest town)	0 11 11.
How long in above place of death? 4 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Plant M.
Washington Senitarium and Hospital	Street No
How long In hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Wilson Mrs 6 lingsoth A	
4. Sex 5. Color er race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temak white widowed	20, DATE OF DEATH December 18 1948 at 49.
	21. I CERTIFY that death occurred on the date above stated; that 1 ettended deceased from
8.(b) Name of husband or wife	10+0, to Dec. 18 10 48
3. Birth date of	and that t last saw her alive on Dec 17: 19 48
deceased (mo., day, yr.) J uly 3 4, 18 )0	Immediata cause of death Duration
8. AGE: Years   Months   Days   It tess than one day	Donelster Gardise Failure Verminat
79 5	
	Autorite in
9. Sirihplace Ham   159 (Town, county and atate)	Due to
	Jan
10. Usuat occupation	Due to and selection gent
11. Industry or business None	7/
12. Name The noty	Other conditions Memic State Sugweek
13. Birtholace	
	(Include pregnancy within 3 months of death)
14. Maiden name augustustic   15. Birthplace	Major findings of aperatians.
🕱 15. Birthplace	Date of op.
18, Informant Washington Sanitaring and Has pital,	Autopay resultsX
Records	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Takona Fork, Marijona	22. VIOLENCE: It death was due to external causes, fill in the totlowing:
(Burial crametics or ramoval Whish?)  (Burial crametics or ramoval Whish?)	Accident, suicide, or homicide
(Burial, cremation, or removal, Whish?) (month) (day) (year)	
Content of the conten	Where did injury occur?
Location Purcelluille, Virginia	injured at home, tarm, industry, public place (where?)
Servet F Bricho Sono	Means of injury Injured at work?
18. Funeral director.	
Address 3034 MATTING	23 SIGNATURE Copert attare Up.
No 18 48 Totalin Note	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar)  Registrar	Address Jakoma Park, M.S. Date signed /2/18/48

RGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

N.F.

correct age

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH 1310 Reg. Dist. No. 2/7
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  M W married	MEDICAL CERTIFICATION  20, DATE OF DEATH  20, DATE OF DEATH  20, DATE OF DEATH  20, DATE OF DEATH
6.(b) Name of husband or wite Ada Pray Watters  7. Birth date of deceased (mo., day, yr.) February 13 1868	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  13 to 15  and that I last saw h 18 18
8. AGE: Years Months Bys If less than one day  10 4	Impadiate cause of death DURATION  Misservelle Chronic 144 4
9. Birthplace (Town, county, and fate)  10. Usual occupation.	Due to
11. Industry or business Hays Warters  12. Name John Henry Warters  13. Birtholace Hayth Cholina - Wayne Cana	Dither conditions
14. Maiden name Margaret Elyabethe Mitchell	(Include pregnancy within 3 months of death)  Major fiedings of operations.
18. Interment Brankling P. Warttel	Autopsy resolts
17. Burial, cremation, or regional, Which?)  Date thereof. Mer. 194  (Burial, cremation, or regional, Which?)	Accident, suicide, or homicide
Cemetery or crematory Amor Comety	Where did Injury occur?
18. Funeral director Le With Banaflan	Means of Injury Injured at work?
Address Laugh Hengland	23. SIGNATURE DO PARCELLE M. D. or other
19 Dec /8 1948 Sextudely fawler (Date red by registrar)	Address Zaco Date signed K&

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FEB 3 1949

BUREAU Y. S.

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correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

12696

Reg. Dist. No. 714

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Martgarry Co.	state Maryland courty Mantgamery		
City or town			
How tong in above place of death?	(If outside city or town limits, white RURAL and give nearest town)  Street No. 10022 Sallas august		
nospital, institution, or street audioss where death occurred.	Street No. 10022 (If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) If veteran, name war Home		
3. (a) FULL NAME	. 1 4- 3. (b) Social Security Number		
ANNA VERONICA WI	Right		
4. Sox 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female white Single	20. DATE OF DEATH Lecember 2 19.48 at 4 35		
	21. I CEATIFY that death occurred on the date above stated; that I afterded deceased from		
6.(b) Name at husband or wife	Dest. 10 90.48 10 December 2 19.48		
7. Birth date of	and that I last saw here alive on December 2 1956		
deceased (mo., day, yr.) FEBRUARY 20 1882	Immediate cause of death		
8. AGE: Years Months Days It less than one day	( pronary occlusion 4 the		
66 209 12hrsmin.	- J.		
8. Birthplace Owe County, and atate)	Due to Hypertensine Acardisesse 15 years		
Ret Chaveron of Nurses			
10. Usual occupation Ret. Chaperon of Nurses  11. Industry or business	Due to Cheraliza anticherral		
it, triusti) of spanica	Dither conditions		
12. Name PATRICK WRIGHT  13. Birthptace IRCLAND			
	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
2 15. Birthplace Treind	Dato of op		
16. Interment Mrs. Margaret m. Dobrowolski	Antopsy results		
Address 10022 Pallas ave.	22. VIOLENCE: It death was due to external causes, fill in the tollowing;		
17 Burial Date thereof Die 4, 19 4 8	Accident, sutcide, or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory Mt. Olivet Cernetary	Where did injury occur? (City or town) (County) (State)		
Location Washington, D. E.	Injured at home, tarm, industry, public place (where?)		
18. Funeral director The S. H. Hines Co.	Means of Injury Injured at work?		
Address 2901-14th Street N. W. Washington, D. C.	The Shind		
	23. SIGNATURE M. D. or other		
19. Dec 2 18 4 8 preshine he Schaef	AL 8252 Searcia (lite) 22/2/48.		



12697

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

13/0

Reg. Dist. No. 2/6

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. D. C. a. County.	
City or town. Bethesda (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 1 month	City or town Washington (If outside city or town limits, write RURAL and give nearest town)	
Respital, institution, or street address where death occurred:  Pine View Rest Home, River Road.	Street No. 3000 Conn. Ave., N.W  (If rural, give LOCATION)  2.(a) If veleran, name war.	
How long In hospital or Institution?		
3. (a) FULL NAME	3. (b) Social Security Number	
THERESA MARCELLA YINGLING		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE DE DEATH December 14. 19. 18. 21/0. a.	
5.(b) Name of husband or wife Clinton K. Yingling	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from	
	See 1 19.40 to Dec 19.40	
7. Birth date of	and that I last saw halive on	
deceased (mo., day, yr.) November 3, 1858	Improvate cause of death	
8. AGE: Years Months Days If less than one day	to and is var Cula,	
90 1 1hrsmin.		
9. Birthplace Maryland (Town, county, and state)	Due to	
(Town, county, and state)		
1B. Usual occupation. Housewife	Due to	
11. Industry or business		
12 Name Dr. R. H. Thompson	Other conditions	
13. Birthplace Maryland	(Include pregnancy within 3 months of death)	
14. Maiden name Theresa M. Gore S 15. Birtholace Maryland		
15. Birtholace Maryland	Major fiediogs of operations	
	Date of op.	
16. Informant Clinton K. Eingling	Actorsy resolts	
Address 3000 Conn Av., N.W. D. C.	22. VIOLENCE: If death was due to external causes, fill in the following;	
17	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?)  Bale thereol (month) (day) (year)		
Cemelery or crematory	Where did Injury Occur?	
Location Freedom, Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director S. H. Alines Co. Dipliantle	Means of Injury Injured at work?	
y mac	(0, 1, 6, 1,	
Address 2901 -14th St., N.W. D.C.	23. SIGNATURE M.D. or other	
10 /7/4/ 10 48 TV. 6 John		
(Date rec'd by registrar) Registrar	Address / 80/ Eye M. Date signed 2.44	

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefu is especially important. Physicians: please write the causes of death clearly a PLEASE WRITE



DEC 7. 1948

BUREAU V. B.